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LUNACY AND MENTAL DEFICIENCY

THE

TWENTY-THIRD ANNUAL REPORT

OF

THE BOARD OF CONTROL

FOR THE YEAR 1936

PART I

Presented pursuant to Act of Parliament

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L O N D O N

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THE
TWENTY-THIRD ANNUAL REPORT
OF
THE BOARD OF CONTROL,
1937

(FOR THE YEAR 1936.)

INTRODUCTORY.

Accommodation in County and Borough Mental Hospitals.

During the year there were few changes of importance beyond the opening of the first section of the new mental hospital which is being provided by East Ham and Southend at Runwell. This, and various minor additions, have resulted in a net increase in accommodation of 1,217 beds. The total number of patients under care increased by 1,938, as compared with an average annual increase of 1,615 in the previous five years. This figure would have been higher but for the shortage of mental hospital accommodation and consequent overcrowding which already exists in certain areas, notably in Lancashire, with the result that cases in urgent need of hospital treatment are kept waiting in public assistance institutions. The aggregate number of patients in excess of the authorised bed space rose to 2,982 (men 1,362 and women 1,620) on the 1st January, 1937. This shortage will be reduced this year when the new hospital at Runwell is complete, but, after that, no further considerable addition is in prospect until the second half of Shenley Mental Hospital and the extensions at St. Ebba's are completed. There is, therefore, every reason to anticipate that the aggregate overcrowding will become considerably more serious during the next three or four years. New mental hospitals are in course of preparation at Lathom Park for Lancashire, and at Margaretting Hall for Essex, but neither is likely to be ready within the next four years.

Lunacy and Mental Treatment Acts.

During the year direct admissions under the Lunacy and Mental Treatment Acts to public mental hospitals rose to 25,660 cases as compared with an average of 22,654 for the previous quinquennium.

Voluntary admissions accounted for 26·9 per cent. of this total as compared with 14·7 per cent. for the previous quinquennium, and the proportion of certified admissions fell from 82·6 per cent. to 67·8 per cent. There were 5,563 departures and discharges of voluntary patients as compared with the quinquennial average of 2,525. The corresponding figures for certified patients fell from a quinquennial average of 9,731 to 8,999. In the case of temporary patients, the admissions during the year amounted to 1,361 as compared with the quinquennial average of 614. These figures mean, therefore, that the increase in the total of direct admissions was to a large extent balanced by the departure of a large number of voluntary patients after a comparatively short period of treatment. This is satisfactory and indicates that real progress has been made in the treatment of mental disorders in the early stages. The actual excess of admissions over discharges is within normal limits, and there is no indication of any increase in the incidence of mental disorders when allowance is made for the age distribution of the population. As we have frequently had occasion to explain, mental disorders occur mainly in adult life, and the admission rate in any given year has to be related not to the birth rate in that year but to the birth rate of some decades ago when the population was growing far more rapidly than at present. Even if the population becomes stationary, as seems likely, the change will not be reflected to any appreciable extent in the admission rate for at least twenty-five years. The diminishing birth rate, coupled with an increased expectation of life, is slowly changing the age distribution of the population. A larger proportion of the population is to be found in the higher age-groups, where there is a greater liability that mental disorder will occur; but this does not mean that the individual is any more likely to develop mental disorder. It simply means that the proportion of the total population old enough to be within the danger zone has increased. But there is little, if any, evidence that the financial difficulties and privations of the last few years have produced any perceptible increase in the incidence of mental disorders, as many feared (not unnaturally) that they might.

It is reassuring that continued unemployment does not appear to have produced the reaction on the mental health of the nation which many had anticipated, but the year's statistics afford otherwise little ground for complacency. The comparative steadiness of the number under care means that if the position is no worse it is certainly no better. Progress in the direction of prevention is slow, and there is great need for the multiplication of child guidance centres and the further development of out-patient clinics. At the same time, it is disappointing that new methods of treatment have apparently not yet been reflected in any noticeable improvement in the discharge rate. We say "apparently" because many disturbing factors enter into the calculation and the comparison of unanalysed percentages may easily be misleading. For example,

housing difficulties and the weakening of home life have led in many areas to the admission of an increased number of old people who, a generation ago, would have been cared for in their homes. An increase in the proportion of senile admissions, for many of whom no recovery is to be expected, inevitably affects the discharge rate expressed as a percentage of all admissions. Strictly speaking, seniles should be excluded in calculating the discharge rate, but, while this is sound in theory, it is impossible in practice, because of the difficulty of determining where the line is to be drawn. Senility is definable in the abstract, but it is an elusive test to apply to particular cases. The housing and other domestic difficulties which bring more seniles into mental hospitals operate equally to lessen the number of discharges of patients who have not fully recovered but who might, given suitable home conditions, be cared for at home. It is possible, and indeed probable, that these causes mask a real increase in the discharge rate, but, unfortunately, no statistical proof of this can be given.

This conclusion raises the question whether, in spite of new methods and the admitted improvements in dietary and nursing, more might not be done to effect recovery. In general we are convinced that there has been a marked advance, but in too many public mental hospitals the medical staff is little more than adequate to maintain the physical condition of the patients. Where detached admission units have been provided the staffing has in general been improved, but it is still far from sufficient, whether it is judged by the standards of the larger registered hospitals or by the general continental practice. In the less progressive hospitals suggestions for even the most modest addition to the medical staff are too often postponed or ignored. Yet if there is one thing which is certain in psychiatry it is that mass production methods must fail. To win the patient's confidence, to discover the mental background and to unravel the history of a case takes much time. A social worker can give invaluable help, but her work is supplementary, and, within limits, it is true to say that what the doctor can do for a case depends largely on the amount of time he can give to it. It is unfortunate, though not surprising, that so many visiting committees, while ready to provide new buildings and equipment, are sceptical of the value of treatment which appears to consist merely of talk; they will spend freely to provide buildings and equipment, but they grudge expenditure on staff needed for psychotherapy. Perhaps it will always be difficult to persuade Englishmen to believe in a form of medicine which uses no lancet and prescribes no pill.

Research.

We have frequently emphasized in previous reports the importance of research into the causes of mental abnormality. Until more is known of the factors which produce or contribute to

the production of mental disorders and defect, little progress will be made towards preventing their occurrence. As our reports have shewn, for many years valuable research work has been done, and continues to be done, in the laboratories of the mental hospitals, and notably at the central laboratory of the London mental hospitals. But, until the passing of the Mental Treatment Act, Local Authorities had no power to contribute to research undertaken outside their own laboratories, and there was, therefore, no effective means of linking up the work of hospital laboratories with the universities, medical schools and other centres of scientific work. For this reason we welcomed the provision in the Mental Treatment Act allowing Local Authorities, subject to the approval of the Board, to contribute to research undertaken outside their own establishments. It was decided to appoint a committee, including nominees of the representative organisations concerned, to advise the Board upon the principles to be observed in approving schemes for subsidising research. Unfortunately, however, the financial crisis of 1931 made it inopportune to convene the committee and the project had to be postponed. We are now glad to record that, with the Minister's approval, steps have been taken to reconstitute this committee and we have been fortunate in securing Lord Radnor as Chairman. We hope that the committee will be able to devise a practicable scheme for enlisting the help of the universities and medical schools in the investigation of those larger problems which are beyond the resources, necessarily limited, of the individual hospitals. At the same time, co-operation between the mental hospitals and mental deficiency colonies and the larger scientific centres should materially increase the efficiency of the work in the hospital laboratories. These laboratories are vitally important to the welfare of the patients for the part which they play in treatment and also in helping to control the menace of dysentery and other diseases to which mental hospitals are peculiarly exposed.

Insulin Shock Treatment of Schizophrenia.

Early in the year the attention of the Board was drawn to the new method of treating schizophrenia by insulin shock which had been developed by Dr. Sakel in Vienna. Dr. I. G. H. Wilson, a Commissioner of the Board, was accordingly asked to visit Vienna and investigate the new treatment on the spot. The results of her visit to Vienna and subsequently to Münsingen in Switzerland were set out fully in a report* which was published last September, and the thanks of the Board are due to the authorities in Vienna and Münsingen who were most courteous in affording Dr. Wilson all facilities for carrying out this most valuable inquiry. The report, we are glad to record, has had a wide circulation and has been most

* A Study of Hypoglycaemic Shock Treatment in Schizophrenia. H.M. Stationery Office. 1s. 3d. net.

favourably received. The new method of treatment has already been tried in several hospitals in this country and there are others at which a trial will be made shortly. We recognise that the technique of administering insulin in "shock" doses requires much care and study and makes a heavy demand upon the medical and nursing staff. The treatment is admittedly not without danger, though it is probably not more dangerous than malaria therapy in the treatment of general paralysis. It would be premature at present to express any opinion as to its ultimate value, but the results so far obtained warrant the most careful trial of this method. Schizophrenia is perhaps the gravest and hitherto the least hopeful of all the mental disorders with which the physician has to deal, and any method of treatment which promises good results, even in a minority of cases, is far too important to neglect. The results of the treatment in England will be watched with the keenest interest, but it is vitally important to the success of the test that great care should be exercised in the choice of suitable centres for the experiment, and that those who propose to employ this treatment should have the advantage of the experience already gained either by studying its operation elsewhere or by securing help from abroad.

After-care.

An experiment of great interest and value is being undertaken by the London County Council at St. Ebba's Hospital. Voluntary patients in the early stages of mental trouble are concentrated at this hospital, and it was soon found that one of the great difficulties in discharging patients whose condition had improved was the lack of suitable employment. Discharge without the certainty of employment inevitably meant worry and the danger of relapse. The hospital authorities, working in conjunction with the central office, very wisely set themselves to find a job for the patient before encouraging him to leave the hospital. In this they were doing nothing more, though they were perhaps doing it more systematically, than had been done elsewhere. The finding of employment has long been recognised to be an essential feature of successful after-care. But cases occur in which the nature of the former patient's work is such as to entail a degree of anxiety and stress likely to check further improvement in his mental condition. Where the London County Council have made an important advance on previous after-care efforts is in the provision of vocational training for those patients for whom a complete change of occupation was thought desirable. This vocational training cannot be inexpensive, but the expenditure is a sound investment. So far the scheme has been applied only to a few cases, and it is still in the experimental stage, but it seems to us to be planned on essentially sound lines, and we shall watch its development with great interest.

Dental Treatment.

It is satisfactory to be able to report that the great majority of mental hospitals and of the larger mental deficiency institutions now provide dental treatment, but we regret that in some cases the visits of the dentist are too infrequent to allow adequate treatment even of the new admissions. Many new admissions enter hospital with their mouths in a deplorable condition, and it is essential that any dental sepsis should be dealt with as soon as it can advisedly be undertaken. Indeed this should be everywhere, as it has become in the more progressive hospitals, a matter of routine. But it would, in our view, be a mistake to concentrate on the treatment of new cases and to limit the treatment of other patients to occasional extractions in acute cases. There are many patients who, though not toothless, would benefit in general health if they were supplied with dentures. We recognise, of course, that there are patients to whom it would not be safe to give dentures, but there are many others who suffer much discomfort, to say nothing of digestive and other ills, from lack of suitable dentures. Prosthetic dentistry is no longer to be regarded as a luxury of the well-to-do, and mental hospitals may properly be expected to do for their patients what many approved societies now do for their members. While the importance of dental hygiene is becoming far more generally appreciated, better arrangements are needed for the care of tooth brushes. In some hospitals excellent racks have been devised, but in others, tooth brushes are not infrequently kept in damp bags along with hair brushes and face gloves, a nasty and unhygienic practice. Still worse is to leave tooth brushes touching one another, which is one of the simplest ways of spreading infection. The problem is not as simple as it looks, but a solution can generally be found once its importance is realised.

Hairdressing Facilities and Clothing.

It is a pleasure to acknowledge the ready response which has been given to our advocacy in our last report of the provision of hairdressing rooms for the women patients. Those hospitals which have tried the experiment are agreed as to its value. Indeed, in one hospital we have been told that the hairdressing room has "transformed the women's side." Without any desire to put the case as high as that we are convinced that decent hairdressing, like brighter modern frocks, is an important factor in building up the patient's self-respect. The essence of successful treatment is to normalise the patient. We want them to feel that they are not patients but ordinary people. A woman, particularly a young woman, cannot and ought not to feel normal in shapeless clothes and with limp and draggled hair. A little vanity (no bad thing in anyone) is a hopeful sign in any mental patient. It is a step towards convalescence, or at least towards improvement and restored self-

respect, when a patient begins to take an interest in her appearance. The same thing is true, though not perhaps to quite the same extent, of men. Steam clothes presses are well worth what they cost, not only because a decent Sunday suit lessens the sense of being institutionalised, but also because patients take more care of clothes in which they can feel some pride.

Recreation.

In previous reports we have emphasized the importance of encouraging patients in mental hospitals to play games themselves instead of merely watching football and other games played by the staff. We are glad to learn that successful efforts in this direction are being made by some Authorities and we have read with interest a report from the Leicestershire and Rutland Mental Hospital at Narborough, where a visit was received from a team of patients from the Derby County Mental Hospital. They were accompanied by a number of their fellow patients, and an enthusiastic and pleasurable game of cricket ensued. We hope that this will be repeated, and the example is one which might well be copied elsewhere. The cricket was possibly not entirely orthodox and we are not told which side won, nor, indeed, does it matter. What is important is that two teams of patients, each with only a single staff player, had a thoroughly enjoyable game, which gave great pleasure to the spectators from both hospitals. Matches of this kind are a wholesome reminder that cricket can still be played for pleasure.

Mental Deficiency.

During the year 779 beds were added to certified institutions for mental defectives provided by Local Authorities, bringing the total in these institutions to 19,319 beds. The net increase in the number of these beds is the smallest for some years, but this figure has no particular significance. The number of new beds made available in any year is bound to fluctuate; indeed, it is to a large extent a matter of accident. There are a number of schemes in progress which should be completed in 1937, and the figure for that year is likely to show a considerable increase on the 1936 figure. In February, 1936, three new villas at Hensol Castle were formally opened, and these increased the accommodation by 170 beds. Sixty further beds at Hensol were added in November. In the same month, seven new villas were opened at Cranage Hall, Cheshire, raising the total accommodation to 314 beds. The Middlesex Colony at Shenley, part of which had been in use for a considerable time, was formally opened by the Minister of Health on the 20th May. This colony provides 854 beds, and will ultimately be extended by the addition of another 300 beds. Most of the larger mental deficiency authorities in England have either provided, or are in course of providing, colony beds, but in many areas the

accommodation still falls far short of the needs; and in particular we regret that we cannot record any improvement in Wales, except for the extensions at Hensol Castle. When allowance is made for the financial difficulties of the last six years, the continued progress on the mental deficiency side may be regarded as generally satisfactory.

Medical Staffs.

With the development of new colonies and other mental deficiency institutions it is becoming increasingly difficult to find doctors sufficiently experienced in mental deficiency to fill the top posts. In some instances these appointments have gone to medical officers whose previous service has been spent mainly, or even entirely, in mental hospitals. While we are far from holding the view that the two branches of psychiatry ought to be kept rigidly separate, it must be remembered that the organization and control of a mental deficiency colony calls for special qualities and an attitude of mind which are not necessarily possessed by every psychiatrist. The handling of defectives is, in the main, a problem of training and social adaptation, though it is training with a medical background. Other things being equal, the man with previous mental deficiency experience will be a better superintendent of a colony than one whose previous experience is limited to work in a mental hospital and who approaches the problem from a pathological rather than an educational point of view. It is surprising that the medical schools have not recognized the opportunities which mental deficiency work offers to men with a taste for institutional service. We would not, however, have any one take up this branch of medicine simply because it offers the chance of speedy promotion. But the young graduate with an inclination towards mental medicine might with advantage try a year or two in a mental deficiency colony to test his aptitude and liking for one of the few branches of medicine which are not yet overcrowded.

Training Courses.

In a later paragraph of this Report we give a list of the training courses arranged by various organisations, for doctors, nurses, teachers, social workers and others concerned in dealing with mental health work. In particular we wish to call attention to the mental deficiency courses for medical practitioners. The undergraduate medical curriculum is so full that as at present arranged little time is devoted to mental medicine, and most of the limited time available has to be devoted to lectures and clinical demonstrations on the more acute types of mental disorder. The result is that many doctors, notably those engaged in the school medical service, sometimes undertake duties which bring them in contact with a wide range of mental defect without any training in the difficult art of assessing such defect. Low grade defect is generally

sufficiently obvious, though even here mistakes may be made if the mental condition is associated with gross physical defects such as complete deafness or blindness. But the higher grades of mental defect, which are four or five times as numerous, may present considerable difficulties in diagnosis to anyone, but especially to those who meet them without any previous experience or training. Good medical qualifications do not necessarily imply the ability to recognise mental defect, much less the knowledge of how to assess it or how to deal with it. “*Solvitur ambulando*” is not a sound method in any branch of medicine, least of all perhaps in mental deficiency work, and Local Authorities would be well advised to provide opportunities for school medical officers and all other doctors engaged in branches of the public health service which bring them in contact with mental defectives to take advantage of one or other of these courses.

Seaside Holiday Homes.

An activity of the Central Association which calls for comment is the provision of seaside holiday homes for mental hospital patients as well as defectives. Monotony is the bane of institutional life; one day is like another and each year like the last. There are many patients in mental hospitals, particularly those of the quiet parole type, who would benefit both physically and mentally by a seaside holiday. Letters from patients who have visited these homes are pathetically grateful. People who are accustomed to regular holidays can hardly understand what a change of scene means to patients who have perhaps spent years in one institution. When a new holiday home is first opened it takes a little time before local prejudice is overcome, but this soon dies down and, in one popular resort, it was freely admitted that the patients behaved better than many of the normal visitors. The pleasure of a holiday in one of these homes is far from being limited to the actual week or fortnight spent there. It is prolonged by the excitement of anticipation and the happy memories it leaves in retrospect, and we hope that the demands on these homes, of which there are now four in different parts of the country, will be sufficient to encourage the Central Association to open still more. The charges are very modest, especially when the parties of patients are accompanied by their own nurses, and the gain in health and contentment is far more than worth the cost. If any Authorities feel reluctant to charge this expenditure to local funds, there are other ways in which the cost can be met. Many hospitals have a samaritan fund or a canteen fund, and where there is no such fund it ought not to be difficult to raise the necessary amount. There are few chances of buying so much happiness for others at so small a cost.

Retirement of Commissioners.

During the year the Board sustained a great loss by the retirement of Mr. Fraser Macleod, K.C., a Legal Senior Commissioner.

Mr. Macleod was appointed a Lunacy Commissioner on the 11th November, 1908, and, since the retirement of the late Sir Marriot Cooke, he had been the doyen of the Board. His knowledge of the complicated statutes relating to lunacy and mental deficiency was unequalled, and his long experience and intimate acquaintance with all the mental hospitals and mental deficiency institutions gave him a unique authority on all questions of procedure. Mr. Macleod's geniality and kindness endeared him to his colleagues and to all, whether staff or patients, with whom he came in contact. We shall miss his wise counsel, and our regret at the loss of his help will be shared by his many friends in the mental hospital service. We wish him many years of happiness in his retirement, and we hope that his health may be re-established by a more leisured life. It was a source of great satisfaction to us that on the recommendation of the Lord Chancellor Mr. C. F. Penton, who had been a Visiting Commissioner since the 2nd February, 1931, was appointed to succeed Mr. Macleod.

The Board suffered another heavy loss during the year by the retirement through ill-health of Lt.-Colonel B. T. Hodgson, C.M.G. Colonel Hodgson was appointed Secretary of the Lunacy Commission in February, 1908, and he became a Commissioner in Lunacy in January, 1912. His experience of procedure combined with sturdy common sense and sound judgment made him a valuable colleague, much respected by all with whom he came in contact. We hope that in retirement his health may be improved, and he takes with him the good wishes of all, patients and staff alike, who had long since learned to appreciate his sterling qualities. The vacancies caused by the retirement of Colonel Hodgson and the promotion of Mr. Penton have been filled by the appointment of Mr. J. C. Rawlinson, Barrister at Law, and Mr. H. R. Green, Barrister at Law.

I.—MENTAL DISORDERS.

(Lunacy and Mental Treatment Acts, 1890 to 1930.)

NUMBERS UNDER CARE.

At the end of 1936, the total number of persons suffering from mental disorder notified as under care in England and Wales was 155,522, an increase of 1,751 during the year; the average annual increase for the five years ending 31st December, 1936, being 1,765. The percentage distribution of the sexes—males 44·2, females 55·8—is an increase of 0·1 per cent. in the proportion of females, while the average for the preceding decade was—males 44·1, females 55·9.

The increased number of notified patients has no necessary connexion with the incidence of mental disorders in the general population, being merely the increase shown by the excess of the admissions over the combined deaths and discharges. We emphasize this fact on account of the erroneous deductions that are sometimes drawn from such increases.

CLASS, STATUS AND DISTRIBUTION.

Class (Private, Rate-aided, Criminal).

Private patients at the end of 1936 numbered 15,125 (males 8,195, females 6,930). There were increases of 211 and 6 in the voluntary and temporary cases respectively, with a decrease of 106 in the certified cases, yielding a net increase of 111 in this class. Included here are 4,673 Service and ex-Service patients—92 fewer than a year ago.

Patients in the Naval and Military Hospitals (Yarmouth 206, Netley 40) are also included among the private patients, as are the 28 persons found of unsound mind by inquisition who were resident in institutions. There were in addition 63 persons (males 31, females 32) so found by inquisition who, not being resident in institutions, are not notified to us and so do not fall within the scope of our statistics. The total number of these inquisition cases continues to show a steady decrease year by year, due to the less frequent use of this procedure.

The sex distribution per cent. of the private patients was, males 54·2, females 45·8; but if the Service and ex-Service patients are excluded, as is advisable if it is desired to draw conclusions from such figures, the percentages become—males, 33·7, females 66·3.

A.—ARRANGED ACCORDING TO CLASS.

WHERE MAINTAINED on 1st January, 1937.	PRIVATE.			RATE-AIDED.			CRIMINAL.			TOTAL.		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
In Institutions provided by Local Authorities :—												
County and Borough Mental Hospitals	5,847	3,302	9,149	51,805	68,729	120,534	45	23	68	57,697	72,054	129,751
Other Premises ...	15	22	37	77	110	187	—	—	—	92	132	224
In Registered Hospitals ...	981	1,517	2,498	—	—	—	1	—	1	982	1,517	2,499
In Licensed Houses :—												
Metropolitan ...	360	727	1,087	15	23	38	—	—	—	375	750	1,125
Provincial ...	664	1,074	1,738	—	—	—	—	—	—	664	1,074	1,738
In Hospitals and Nursing Homes approved under the Mental Treatment Act :—												
Hospitals ...	—	—	—	—	—	—	—	—	—	—	—	—
Nursing Homes ...	14	59	73	—	—	—	—	—	—	14	59	73
In Naval and Military Hospitals ...	246	—	246	—	—	—	—	—	—	246	—	246
In Criminal Lunatic Asylum (Broadmoor)	—	—	—	3	—	3	590	175	765	593	175	768
In Public Assistance Institutions and Public Health General Hospitals ...	—	—	—	6,621	8,481	15,102	—	—	—	6,621	8,481	15,102
In Private Single-Care ...	68	229	297	—	—	—	—	—	—	68	229	297
In Outdoor Relief ...	—	—	—	1,445	2,254	3,699	—	—	—	1,445	2,254	3,699
TOTAL ...	8,195	6,930	15,125	59,966	79,597	139,563	636	198	834	68,797	86,725	155,522
Increase during 1936 ... { Private ... Rate-aided ... Criminal ... Total ...	Males.	Females.	Total.	Average Annual Increase in the five years 1932-1937 { Private ... Rate-aided ... Criminal ... Total ...								
	55*	166	111									
	726	934	1,660									
	15*	5*	20*									
	656	1,095	1,751									

SUMMARY OF PERSONS SUFFERING FROM MENTAL DISORDER, 1ST JANUARY, 1937.
B.—CLASSIFIED ACCORDING TO STATUS.

WHERE MAINTAINED on 1st January, 1937.	VOLUNTARY.			TEMPORARY.			CERTIFIED.			TOTAL.		
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
In Institutions provided by Local Authorities :—												
County and Borough Mental Hospitals	2,762	2,893	5,655	124	363	487	54,811	68,798	123,609	57,697	72,054	129,751
Other premises	92	132	224	—	—	—	—	—	—	92	132	224
In Registered Hospitals	254	375	629	12	20	32	716	1,122	1,838	982	1,517	2,499
In Licensed Houses :—												
Metropolitan	96	157	253	6	23	29	273	570	843	375	750	1,125
Provincial	107	221	328	3	7	10	554	846	1,400	664	1,074	1,738
In Hospitals and Nursing Homes approved under the Mental Treatment Act :—												
Hospitals	—	—	—	—	—	—	—	—	—	—	—	—
Nursing Homes	13	54	67	1	5	6	—	—	—	14	59	73
In Naval and Military Hospitals	—	—	—	—	—	—	246	—	246	246	—	246
In Criminal Lunatic Asylum (Broadmoor)	—	—	—	—	—	—	593	175	768	593	175	768
In Public Assistance Institutions and Public Health General Hospitals	—	—	—	—	—	—	6,621	8,481	15,102	6,621	8,481	15,102
In Private Single-Care	3	7	10	—	1	1	65	221	286	68	229	297
In Outdoor Relief	These persons are not classifiable under the above headings, but for convenience are included among the Certified.	persons are not classifiable under the above headings, but for convenience are included among the Certified.					1,445	2,254	3,699	1,445	2,254	3,699
TOTAL	3,327	3,839	7,166	146	419	565	65,324	82,467	147,791	68,797	86,725	155,522
OF TOTAL { Private	731	1,203	1,934	35	97	132	7,429	5,630	13,059	8,195	6,930	15,125
{ Rate-aided	2,596	2,636	5,232	111	322	433	57,259	76,639	133,898	59,966	79,597	139,563
{ Criminal	—	—	—	—	—	—	636	198	834	636	198	834

Rate-aided patients on the same date numbered 139,563 (males 59,966, females 79,597) or 89·7 per cent. of all the notified patients. They increased by 1,660 during 1936 as compared with an average annual increase of 1,803, during the last five years.

The sex distribution per cent. of the rate-aided patients was—males 43·0, females 57·0; or, if the Service and ex-Service patients are included, males 44·8, females 55·2.

Criminal patients numbered 834 (males 636, females 198), a decrease of 20 during the year.

Transfers from Class to Class.—During 1936, 660 rate-aided patients (males 289, females 371) were transferred to the private class; 264 private patients (99 males and 165 females) were transferred to the rate-aided class; and 53 criminal patients were retained and classed as rate-aided patients on the expiry of their sentences or on their discharge as criminals.

Status (Voluntary, Temporary, Certified).

On the 31st December, 1936, at the end of the sixth year of the operation of the Mental Treatment Act, 1930, the following patients of each status were under care :—

Status.	Males.	Females.	Total.
Voluntary	3,327	3,839	7,166
Temporary	146	419	565
Certified	65,324	82,467	147,791

Regradings to another Status.—During the year, 1,356 changes in status within the institutions took place as follows :—

From—	To Voluntary.	To Temporary.	To Certified.
Voluntary	—	38	275
Temporary	402	—	239
Certified	381	21	—

Distribution.

The distribution of all patients at the end of 1936 can be seen by reference to the two Summaries (A and B) on pages 12 and 13, but it may be pointed out that 83 per cent. of them were resident in County and Borough Mental Hospitals.

MOVEMENT OF PATIENTS.

Admissions, Discharges, Transfers to other Care, and Deaths in 1936.—Owing to the absence of detailed information of the movement of the persons suffering from mental disorder in Public Assistance Institutions and Public Health General Hospitals, and of those in receipt of Outdoor Relief, particulars as to the persons in these forms of care are not included below; and it is for this reason that the total number under care (p. 11) differs from the number remaining at the end of the year as given below.

The subjoined statement includes patients of each status (voluntary, temporary and certified) :

Resident on 1st January, 1936	...	...	...	134,803
Direct Admissions	...	...	...	29,242
Indirect Admissions (excluding regradings)	...	...	...	1,862
				<hr/>
				165,907
				<hr/>
Discharged and Departed—				
Recovered	...	...	...	9,361
Relieved	...	...	...	6,663
Not Improved	...	...	...	1,829
*By operation of law	...	...	...	225
“ Not now Insane ”	...	...	...	10
Transferred (under order) to other care	...	...	...	1,771
Died	...	...	...	9,327
Remained at end of year	...	...	...	136,721
				<hr/>
				165,907
				<hr/>

The *daily average number resident* was 135,101 (males 60,104, females 74,997)—the proportion of those resident in County and Borough Mental Hospitals being 94·9 per cent.

Direct admissions numbered 29,242 (males 12,739, females 16,503) of whom 87·8 per cent. were admitted to County and Borough Mental Hospitals. The proportion per cent. of these admissions in each status was—voluntary 31·9; temporary 5·2; certified 62·9.

The ratio of admissions per 10,000 of the population (aged 16 years and upwards) of England and Wales was 9·43 (males 8·72, females 10·07) and shows an increase on the previous year of 0·39 (males 0·27, females 0·50).

First admissions during 1936 numbered 22,001 (males 9,750, females 12,251) or 75·2 per cent. of all the direct admissions.

The ratio of first admissions per 10,000 of the population (aged 16 years and upwards) of England and Wales was 7·10 (males 6·67,

* Either by reason of irregular admission documents, lapsing of reception orders (s. 38, Lunacy Act, 1890, and s. 7, Lunacy Act, 1891), or discharges after escape (s. 85, Lunacy Act, 1890).

females 7·47), the average ratio for the preceding quinquennium being 6·69 (males 6·45, females 6·90).

Discharges and Departures—that is certified and temporary patients discharged, and voluntary patients who departed, from statutory care (as recovered, relieved or not improved)—numbered 17,853 (males 7,524, females 10,329). Of these, 9,361 were discharged as recovered, yielding a recovery rate per cent., calculated on the direct admissions, of 32·0 (30·4 for males, 33·3 for females). The discharges as relieved and not improved numbered respectively 6,663 and 1,829; and if these and the 10 discharged on admission as not now insane and the 154 cases discharged after escape (section 85) are added, it shows that the percentage of the total absolute discharges and departures, calculated on the direct admissions, was 61·6, as compared with an average for the preceding quinquennium of 60·0. The percentage distribution of these absolute discharges and departures was—certified, 53·8; temporary, 3·3; voluntary, 42·9.

Deaths numbered 9,327 (males 4,255, females 5,072) and were 241 more than in the previous year. The death-rate per cent. of the daily average number resident was 6·90, being 0·09 above the rate for 1935; the rate for males was 7·08 per cent., and for females 6·76. The average rates for the preceding quinquennium were—males 7·47, females 6·81, total 7·11.

Transfers to Other Care, etc.—During the year 1,862 patients were transferred to another institution or to or from single-care, or were (in a few instances) indirect admissions following discharge by operation of law. Such cases, as well as the regradings detailed on page 14, are technically termed *indirect* admissions and call for no further comment.

Numbers remaining under Care.—The number of patients remaining under care (with the exception of those in Public Assistance Institutions and Public Health General Hospitals and those in receipt of Outdoor Relief) on the 31st December, 1936, was 136,721 (males 60,731, females 75,990), an increase of 1,918 patients during the year.

COUNTY AND BOROUGH MENTAL HOSPITALS.

(One hundred and one in number.)

1. Accommodation.

On the 1st January, 1937, accommodation in recognized bed-space was provided in County and Borough Mental Hospitals for 126,769 (males 56,323, females 70,446), and there were on the books of these hospitals 1,362 males and 1,620 females in excess of this provision.

A list of these hospitals will be found in Appendix F in Part II.

The deficiency of accommodation disclosed by the foregoing figures is discussed in the Introduction to this Report (see page 1), but it may be mentioned here that during 1936 we approved plans

for proposals which are estimated to provide 1,454 additional beds. Details of the proposals are set out below.

Mental Hospital.	Proposal.	No. of beds to be provided or rendered available for patients.
Carmarthen, Cardigan and Pembroke C.	Admission hospital ...	50
Chester C., Birkenhead C.B., Stockport C.B. (part) and Wallasey C.B. :		
Parkside	Adaptation of Rosemount	20
Dorset	Nurses' home	50
Essex and Colchester B. :		
Brentwood	Male convalescent home ...	30
Kent and Gravesend B. :		
Barming Heath ...	Admission hospital and convalescent homes.	125
Lancashire M.H. Board :		
Rainhill	Temporary accommodation	100
Whittingham	Temporary accommodation	100
Winwick	Temporary accommodation and alterations to sewing room for temporary accommodation.	140
Leicester C. and Rutland ...	Additional wards	120
London C. :		
St. Ebba's	Infirm villa, two epileptic and chronic villas, two chronic villas, one villa for disturbed and excited patients.	360
West Park	Additional accommodation for nursing staff and centre for occupation therapy.	37
Somerset and Bath C.B. :		
Cotford	Nurses' home	30
Yorks, N. Riding	Alterations and additions to F.2 dormitory.	20
Yorks, West Riding M.H. Board :		
Wakefield	Conversion of Field Head for farm workers and further extensions to Field Head.	31
Birmingham :		
Winson Green	Alterations to F. Ward 9...	20
Bristol	Part of nurses' home at Barrow Gurney.	40
Derby C.B.	Admission hospital ...	61
Ipswich	Villa for female patients ...	40
Leicester City	Parole villa	40
Plymouth	Two convalescent homes ...	40

2. *Numbers under Care.*

At the end of the year 1936 the County and Borough Mental Hospitals contained 129,751 patients, as follows :—

Status.	Males.	Females.	Total.
Voluntary	2,762	2,893	5,655
Temporary	124	363	487
Certified	54,811	68,798	123,609
Total	57,697	72,054	129,751

This shows an increase during the year of 1,359 voluntary, 27 temporary and 552 certified patients.

The numbers of patients in each class were—private, 9,149; rate-aided, 120,534; criminal, 68.

3. *Movement of Patients.*

Direct Admissions.—During 1936 there were 25,660 direct admissions as shown below :—

Status.	Males.	Females.	Total.
Voluntary :			
Private	282	486	768
Rate-aided	2,834	3,302	6,136
Temporary :			
Private	46	113	159
Rate-aided	386	816	1,202
Certified :			
Private	122	242	364
Rate-aided	7,455	9,511	16,966
Criminal	51	14	65
Total	11,176	14,484	25,660

As compared with the direct admissions in 1935, there were increases of 1,070 in the voluntary admissions, 103 in the temporary and 321 in those of the certified status, resulting in a total increase of 1,494 in the direct admissions.

First Attack Cases.—Particulars of these admissions during 1936 are not yet available, but it may be stated that, of the direct admissions in 1936, over 25 per cent. (voluntary 31 per cent., temporary 11 per cent., and certified 24 per cent.) had previously been dealt with under the Lunacy and Mental Treatment Acts.

Departures and Discharges.—The following table shows the status and mental condition at time of discharge of the absolute departures and discharges during 1936. Patients discharged on admission as “not now insane” and those discharged after escape (sec. 85) are not included.

At time of discharge.		Males.	Females.	Total.	
Status.	Mental Condition.				
Voluntary...	{ Recovered ...	1,000	1,430	2,430	5,563 (37·3%)
	{ Relieved ...	1,015	1,128	2,143	
	{ Not Improved	421	569	990	
Temporary	{ Recovered ...	92	209	301	510 (3·4%)
	{ Relieved ...	44	120	164	
	{ Not Improved	13	32	45	
Certified ...	{ Recovered ...	2,304	3,249	5,553	8,839 (59·3%)
	{ Relieved ...	1,075	1,773	2,848	
	{ Not Improved	223	215	438	
	Total ...	6,187	8,725	14,912	

The percentage of total discharges (recovered, relieved and not improved) to the admissions was 58·1, and of recoveries alone 32·3 (males 30·4, females 33·8).

Deaths.—During the year 8,724 patients (4,004 males and 4,720 females) died.

The proportion per cent. of deaths to the daily average number resident was 6·81 (males 7·02, females 6·64); this was 0·05 above that for the previous year and 0·43 below the mean percentage for the preceding ten years.

The number of post-mortem examinations was 5,316 being 60·9 per cent. of the deaths. The proportion of these examinations varied from 90 per cent. or over at the Bucks, Cumberland, Leicestershire and Rutland, Napsbury, Monmouth, Nottingham County, Cheddleton, East Riding, Winson Green and Derby Borough Mental Hospitals to such a low percentage as 4·2 (Northumberland).

Service Patients.—The number of Service patients resident at the close of the year in County and Borough Mental Hospitals was 4,098, a decrease of 71 during the year. On the same date there were also 345 ex-Service patients (15 less than a year ago), the cost of whose maintenance is defrayed by the Board from a special Exchequer grant (see 11th Report, page 31).

4. Use of Voluntary and Temporary Treatment.

County and Borough Mental Hospitals receive over 87 per cent. of the admissions into the various forms of care and the two tables which follow indicate the extent to which the various hospitals make use of the procedures for voluntary and temporary treatment and thereby avoid resort to certification.

Proportion of voluntary admissions to total direct admissions.

Percentages.	Hospitals.
Under 5	Lancaster.
5-9	Cambridge, Bracebridge, Rauceby, Northumberland. (4 hospitals.)
10-14	Berks., Chester, Denbigh, Durham, Rainhill, Whittingham, Winwick, Cane Hill, Friern, St. Bernard's, Horton, Salop, Burntwood, Storthes Hall, Winson Green, Gateshead, Newcastle. (17 hospitals.)
15-24	Brecon, Carmarthen, Parkside, Cumberland, Derby County, Park Prewett, Prestwich, Leicester and Rutland, Banstead, Claybury, Long Grove, West Park, Monmouth, Nottingham County, Wells, Stafford, Suffolk, Brookwood, Warwick, Powick, Barnsley Hall, Menston, Rubery Hill, Canterbury, Derby Borough, Hull, Middlesbrough, Newport, York City. (29 hospitals.)
25-34	Beds., Cornwall, Dorset, Severalls, Glamorgan, Gloucester, Barming Heath, Chartham, Bexley, Napsbury, Norfolk, Northampton, Oxford, Cotford, Cheddleton, Netherne, Wilts., Wadsley, East Riding, Croydon, Norwich, Plymouth. (22 hospitals.)
35-44	Bucks., Devon, Brentwood, Knowle, Herts., Springfield, Shenley, East Sussex, West Sussex, North Riding, Wakefield, Brighton, Bristol, Exeter, Leicester City, Nottingham City, Sunderland. (17 hospitals.)
45 and upwards	Hereford (47), Runwell (48), West Ham (60), Isle of Wight (62), Portsmouth (62), Ipswich (63), Cardiff (68), Swansea (73). (8 hospitals.)

The high percentages at St. Ebba's (89), Scalebor Park (58), and the City of London (69) should be mentioned; these are not included in the table because of the special conditions which obtain at these three hospitals and which would make comparison with the others fallacious.

Proportion of temporary admissions to total direct admissions.

Percentages.	Hospitals.
Nil	Carmarthen, Lancaster, Prestwich, Norfolk, Newcastle, Newport, Plymouth. (7 hospitals.)
Less than 0·5	Leicester City.
0·5-4	Berks., Brecon, Cambridge, Chester, Parkside, Cornwall, Cumberland, Devon, Dorset, Durham, Knowle, Park Prewett, Herts., Barming Heath, Rainhill, Winwick, Leicester and Rutland, Bracebridge, Rauceby, Banstead, Bexley, Cane Hill, Claybury, Friern, Horton, Long Grove, West Park, Springfield, Napsbury, Shenley, Monmouth, Northampton, Northumberland, Nottingham County, Oxford, Wells, Cotford, Stafford, Burntwood, Suffolk, Brookwood, Netherne, East Sussex, Wilts., Powick, Barnsley Hall, North Riding, Storthes Hall, Winson Green, Rubery Hill, Croydon, Exeter, Hull, Middlesbrough, Norwich, Nottingham City, Swansea. (57 hospitals.)
5-9	Beds., Bucks., Denbigh, Hereford, Chartham, Whittingham, St. Ebba's, St. Bernard's, Salop, West Sussex, Wakefield, Menston, East Riding, Brighton, Bristol, Canterbury, Gateshead, Sunderland. (18 hospitals.)
10 and upwards	City of London (10), York City (10), Warwick (11), Ipswich (11), Derby County (12), Glamorgan (12), Wadsley (12), Portsmouth (13), Brentwood (14), Cheddleton (15), Scalebor Park (15), Severalls (16), Gloucester (16), Cardiff (17), Isle of Wight (18), Runwell (18), West Ham (19), Derby Borough (52). (18 hospitals.)

5. Out-Patient Treatment.

We are glad to be able to report that there are now very few places where there is no provision for out-patient treatment within the area served by the Mental Hospital. There are 155 out-patient centres associated with the 25 Borough Mental Hospitals and 60 of the County Mental Hospitals (excluding London). One hundred of these centres are at Voluntary General Hospitals, 8 at Municipal Hospitals, 16 at the Mental Hospital itself, 2 at a dispensary, 10 at County or other Public Health Offices, 9 at School or Child Guidance Clinics, and 10 at other centres. In five of the sixteen cases where the centre is at the Mental Hospital, it appears to be the only out-patient centre for mental illness, notwithstanding the fact that in four of these areas there are Voluntary hospitals with which perhaps arrangements could also be made. In the remaining eleven cases the centre at the Mental Hospital is part of a scheme embracing centres at Voluntary General Hospitals. Thus, in East Sussex and in Wakefield areas, there are at least five centres functioning.

The steady growth of provision for out-patient treatment is encouraging. But our experience indicates that, if the treatment at such centres is to be really effective, sessions should be held at least weekly. This in fact obtains at most of the 155 centres; but at 31 (in connection with 23 Mental Hospitals) the session is held fortnightly; at 12 (in connection with 5 Mental Hospitals) it is held monthly; and at a few others the intervals are still longer. In addition to the adequate frequency of sessions, it is, of course, important they should, so far as practicable, be arranged at times likely to be convenient to those who may seek treatment. Further, in dealing with persons suffering from mental illness, if they are to be encouraged to seek early treatment at out-patient centres, it is important that the centres should be easily accessible, and that attention should be paid to the amenities of the waiting rooms and consulting rooms.

There are two developments of special interest to record this year. The value of the services of a Social Worker in connection with out-patient treatment is being recognized in an increasing degree; and there are now 74 out-patient centres at which the help of a social worker is available. Another point of interest, and possibly of considerable significance, is that some out-patient centres for mental treatment have been established at Child-Guidance or School Clinics.

As indicated above, in many areas the out-patient centres are provided at Voluntary Hospitals where the work is carried out with the collaboration of medical officers from the Mental Hospitals. This linking-up with the Voluntary Hospitals prompts us to refer again to a subject which we have mentioned in previous reports—i.e., the measure of collaboration on the part of the Teaching Hospitals. Outside the Metropolis, there are 14 Voluntary General Hospitals forming part of the Medical Schools of 10 Universities; each is dependent for its undergraduate teaching in psychological medicine upon the clinical field and the staff of the neighbouring Mental Hospital; at all, but possibly two, out-patient treatment of mental illness is carried out at these Hospitals; but at seven of them none of the medical staff of the neighbouring Mental Hospital takes any share in the out-patient work for mental cases.

We regret this absence of co-operation. It means, we expect, that the volume of out-patient treatment of mental illness—however good the work may be—is considerably less than would be the case were the services utilised of all the physicians possessing the necessary experience and competence who may be available in the area. The failure to make fuller use of opportunities of co-operation is due, we think, in the main to the fact that three important lessons have not yet been learned :—

Firstly, that there are many cases of nervous and mental illness that are more susceptible to out-patient treatment than to treatment involving admission to Hospital.

Secondly, that in-patient treatment in a Mental Hospital is much more effective and easily carried out if the patient comes in voluntarily.

Thirdly, that if in-patient treatment proves necessary, the best possible chance of persuading the nervously disordered patient to come into a Mental Hospital voluntarily is that the patient should, in the first instance, receive out-patient treatment in the out-patient department of a Voluntary General Hospital; and the chances are greatly enhanced if the patient sees at the General Hospital the physician from the Mental Hospital to which he may have to be persuaded to seek admission.

6. Changes among Superintendents.

Devon.

Major Richard Eager, M.D., O.B.E., retired at the end of June, 1936. He had had over 30 years' mental hospital experience, all of them, with the exception of a few months at Glamorgan and the nearly two years during which he was in charge of the mental division of the Lord Derby War Hospital (Winwick), being at this hospital over which he had presided with ability and distinction as Superintendent for 14 years. Mention may be made of the success he achieved in the teaching and training of the nursing staff, the institution of occupation-therapy and its vigorous prosecution, and the starting and development in Exeter of the out-patient treatment of mental illness, which has done much to help in this neighbourhood the operation of the Mental Treatment Act. We are glad to know that Dr. Eager's retirement does not imply that his experience ceases to be available in the department of medicine with which he has identified himself.

In order to fill the vacancy thus created, the Committee of Visitors promoted Dr. Charles Frederick Bainbridge (M.B.Edin.), who has been a member of this hospital's medical staff since March, 1913, and had held the post of Deputy Superintendent for 14 years. He had also served for about four years in the Royal Navy in which he held the rank of Surgeon Lieutenant-Commander.

Kent (Chartham).

Lt. Colonel Michael Abdy Collins, M.D., O.B.E., who for the previous 17 years had occupied the position here of Superintendent, was in May, 1936, appointed Ministry of Pensions Medical Inspector. After seven-and-a-half-years' experience at Bexley, he had held the post of Superintendent of the Ewell Colony for nine years, during part of which time that institution had been a War-Hospital for neurological cases with Lt. Col. Collins as Officer-in-Charge. To his new duties under the Ministry of Pensions he was thus able to bring not only a wide experience but one which renders him especially well qualified for them. For his military services at Ewell as well as for those overseas during the war he was awarded the O.B.E., and at the time of his appointment under the Ministry he was President-Elect of the Royal Medico-Psychological Association.

To fill the vacancy thus created, and after advertising the post, the Committee appointed Dr. Charles Ernest Alan Shepherd (M.R.C.S. Eng., L.R.C.P.Lond., D.P.M.) who, at the time of his appointment had been Deputy Superintendent at Knowle (Hants) for eight-and-a-half years. With previous service at West Park and Long Grove, he had had nearly 15 years' mental hospital experience. He also had held a temporary appointment as Surgeon Lieutenant in the Royal Navy.

London County (St. Bernard's).

Dr. Alfred Wilson Daniel to our regret found it necessary, owing to continued ill-health, to retire at the end of June, 1936. For 34 years he had been a member of the medical staff of this very large mental hospital, and for half of that period had held the onerous position of Superintendent. Hanwell—to revert to its more familiar name—is the oldest of the Council's mental hospitals, having been opened as far-back as 1835. The improvements and modernisation of the buildings have engaged the attention of the Committee for many years. In the carrying out of these schemes Dr. Daniel's intimate knowledge of the institution and his entire devotion to its interests and to the welfare of his patients have been of great service. It is a satisfaction to us to know that, relieved of institutional responsibilities, he has been steadily regaining his health, and we hope he has many years in store in which to enjoy thoroughly well earned leisure.

As successor to Dr. Daniel, the Council promoted Dr. John Biddulph Trafford Lewis (M.A., M.D.Cantab., M.R.C.S.Eng., L.R.C.P.Lond., D.P.M.), who had been Deputy Superintendent at Banstead for five years and, with previous service at two others of the Council's mental hospitals (Friern and Claybury), had had some 15 years' mental hospital experience. He had also held a resident post at St. George's Hospital and a Commission as Captain in the Royal Army Medical Corps.

Staffordshire (Cheddleton).

Dr. William Francis Menzies, F.R.C.P., retired on 4th August last year. He was appointed as this hospital's first Superintendent when it was opened 37 years ago in 1899, and throughout that long period his administration has been marked by conspicuous ability and a persistent urge to maintain the position of Cheddleton in the fore-front of well-equipped mental hospitals where treatment is carried out on scientific lines. Previously he had held for 12 years a senior position on the medical staff at Rainhill and, with service at Barming Heath, he has given more than half-a-century's work to the care and treatment of patients in mental hospitals and, in more recent years, to the treatment of mental illness in out-patient departments of voluntary general hospitals in north Staffordshire. His medical activities have been many and this is not the place to do justice to them; mention, however, may be made of the

importance he attached to the adequate teaching and training of the Nursing Staff and to their proper housing, reflected by the high standard of recruits which the Hospital always has been able to maintain; of his establishment of a school of Sick-cookery; and of his establishment and development of a unit at Cheddleton for the orthopædic and other treatment of low grade mental defectives certified under the Lunacy Acts.

As his successor, the Staffordshire Mental Hospitals Board promoted Dr. Wm. Douglas Wilkins (M.B.Manch., M.R.C.S.Eng., L.R.C.P.Lond., D.P.M.) who for over 21 years had held the post of Deputy Superintendent and who, with previous service at Winwick and Rainhill, had had in all 25 years' mental hospital experience. He had also held a Commission as Captain in the Royal Army Medical Corps and for a while was Medical Superintendent of the National Sanatorium at Benenden.

Oxford (County and City).

Lt. Colonel Thomas Saxty Good, O.B.E., who had been Superintendent for rather more than 30 years and a member of the medical staff here for 41 years retired at the end of September, 1936.

As Superintendent, Dr. Good's first efforts were directed towards getting the wards—the older ones are 90 years old—more into line with modern ideas of comfort. Having become interested in the then newer methods of psychological investigation and later finding himself in contact with an increasing number of war illnesses of a nervous type, his line of treatment and that of those working with him became largely directed towards methods of psychotherapy. Out of these efforts emerged the Section for Nervous Disorders in the out-patient department of the Radcliffe Infirmary, of which Dr. Good became Honorary Physician in charge. Though not the first example of out-patient treatment of mental illness, it was the first time that physicians of a mental hospital, as part of their regular duties, undertook this work at a general hospital; and it fairly can be regarded as the forerunner of similar centres that have now been formed in almost every county. From it was learnt, too, the important lesson that some of these cases are more susceptible to treatment as out-patients than when admitted to hospital.

Dr. Good introduced at Littlemore, on a much extended scale, the open-door system of administration, including in it the unstopping of the windows in all but two wards on each side; a notable achievement. At the same time, in order to advance the training of nurses, an active scheme of reciprocity was established between Littlemore and the Radcliffe. Later on and at the wish of the Committees concerned, Dr. Good's activities extended to duties in connection with mental deficiency and child guidance, a step which has resulted in considerable co-ordination and has paved the way towards an organized Mental Health service.

To fill the post, and after advertising it, the Committee of Visitors appointed Dr. Robert Wm. Armstrong (B.Sc., M.D.Belf.,

D.P.M.) who for $4\frac{1}{2}$ years had been Deputy Superintendent at St. Ebba's (Ewell). With previous service at four other London mental hospitals (Bexley, Claybury, West Park and St. Bernard's) and at Glengall (Ayr), where during part of his service he was Deputy Superintendent, he had had some eleven years' mental hospital experience.

Bristol.

Major Edward Barton White, to our regret found it necessary on the 1st of last October to relinquish the post of Superintendent which he had held here since 1924. With previous service as Deputy Superintendent at Dorset and earlier at Cardiff and Bethlem he had spent some 28 years in the service of mental hospitals. His 12 years superintendentship have been distinguished by medical efficiency as well as administrative ability. These stood him in good stead at Fishponds the administration of which, by reason of its restricted grounds and some of its structural features, has been a task of increasing difficulty. The position, including considerable shortage of beds, was met to some extent by the provision in 1930 of a Nurses' Home and by the purchase of the premises in Grove Road and their adaptation for convalescing and voluntary patients and to serve as a centre for the out-patient treatment of mental cases. In the considerable medical developments that have taken place at Grove Road his activities have been very successful and, as the Committee's medical adviser in the preparation of plans for the extensions at Barrow Gurney (of which plans of the first instalment were approved in 1934), his help has been great. Dr. Barton White filled the post of Lecturer in Clinical Psychiatry in the University of Bristol.

To fill the vacancy thus caused, and after advertising the post, the Committee of Visitors appointed Dr. John James Black Martin (M.A., M.D.Edin., F.R.C.P.Edin., D.P.M.) who at the time had been Deputy Superintendent at Dorset for nearly five years and, with previous service at Helleston (Norwich), Croydon, and York City, had had some 10 years' mental hospital experience.

Hull.

Dr. John Sewell Anderson who had been a member of the medical staff here for 39 years, during the last 12 of which he had occupied the position of Superintendent, retired at the end of October, 1936. Dr. Anderson devoted his best energies to the welfare of the hospital and of his patients. During his superintendentship a number of valuable improvements and additions were made : among the more noteworthy of these being the provision of a Nurses' Home with accommodation for 122 persons, of an Admission Hospital for 50 patients, a Villa for 40 working women patients, and an Occupation Centre.

To succeed Dr. Anderson, the Visiting Committee promoted Dr. John MacInnes (M.B.Glasg., D.P.M.) who for 12 years had been Deputy Superintendent here and had had some five years' previous experience at Bexley Mental Hospital.

7. *Causes of Death during 1935.*

The time that elapses between the receipt of the mortality statistics for any given year and the preparation for publication of our Report for that year is too short to permit of the compilation of a detailed summary and its adequate study. The subjoined table, therefore, refers to the deaths that occurred in County and Borough Mental Hospitals during 1935, the equivalent details relating to the year covered by this Report (1936) being not yet available. Some reference, however, will be made, in the section that follows this, to the mortality for 1936 in regard to certain diseases, particular reference to which necessitates the production of the latest possible information. This procedure is in accord with that adopted during recent years.

Causes of Death in the cases of all Patients in County and Borough Mental Hospitals who died during the year 1935. The daily average number of patients resident during the year 1935 was 126,453 (Males, 56,226; Females, 70,227).

Cause of Death. (the numerals refer to the revised (1929) International List of Causes of Death as adapted by the Registrar- General for use in England and Wales.)						Number of Deaths.		
						Male.	Fem.	Total.
1 & 2.	Typhoid and paratyphoid fevers	...				5	17	22
8.	Scarlet fever	...	...	...	...	1	—	1
10.	Diphtheria	...	...	...	...	—	1	1
11.	Influenza	...	...	...	...	17	29	46
13.	Dysentery	...	...	...	...	27	28	55
15.	Erysipelas	...	...	...	...	14	18	32
17.	Encephalitis lethargica	...	...	...	...	14	16	30
22.	Tetanus	...	...	...	...	1	—	1
23.	Tuberculosis of the respiratory system	...				299	226	525
24-32.	Other forms of tuberculosis	...	...			25	27	52
45-53.	Cancer and other malignant tumours	...				169	212	381
59.	Diabetes	...	...	...	...	8	24	32
62.	Pellagra	...	...	...	...	—	4	4
82.	Cerebral haemorrhage, apoplexy, etc.	...				217	251	468
83.	General paralysis of the insane	...	...			482	181	663
84.	Other forms of insanity	...	...	...		123	149	272
85.	Epilepsy	...	...	...	...	148	122	270
87.	Other diseases of the nervous system	...				56	38	94
91.	Acute endocarditis	...	...	...		8	16	24
92.	Chronic endocarditis, valvular disease	...				153	236	389
93.	Diseases of the myocardium	...	...			488	620	1,108
94.	Diseases of the coronary arteries, angina pectoris	...	...	...	...	42	49	91
95.	Other diseases of the heart	...	...			90	105	195
97.	Arterio-sclerosis	...	...	...	...	277	397	674
106.	Bronchitis	...	...	...	...	70	99	169
107-109.	Pneumonia (all forms)	...	...	...		488	686	1,174
119 & 120.	Diarrhoea and Enteritis	...	...	...		11	15	26
130 & 131.	Nephritis	...	...	...	...	122	173	295
162.	Old Age	...	...	...	...	213	358	571
	Violent deaths (including suicide)	...				59	47	106
	All other causes	...	...	...	...	374	399	773
Total						4,001	4,543	8,544

8. Infectious and other Diseases during 1936.

The following table shows the incidence of certain infectious diseases among the patients and staffs of County and Borough Mental Hospitals during the year.

	Patients.			Staff.		
	M.	F.	T.	M.	F.	T.
Scarlet Fever	18	39	57	1	29	30
Diphtheria	3	48	51	—	23	23
Measles	7	9	16	1	6	7
Chicken Pox	3	9	12	—	—	—
Whooping Cough	1	—	1	—	—	—
Mumps	—	4	4	—	1	1
Puerperal Fever	—	2	2	—	—	—

The deaths from these infectious diseases were :—scarlet fever, two male patients; diphtheria, two female patients; puerperal fever, one patient.

Tuberculosis.

There were 993 cases of pulmonary tuberculosis under treatment at the end of the year and 180 cases of other forms of tuberculosis. These figures taken together are equivalent to a prevalence in the mental hospitals of 9·2 cases of tuberculosis per thousand patients. On the same date five male and two female members of the hospitals' staffs were under treatment for this disease.

Incidence.—The numbers and ratio of fresh cases arising during the year are shown in the following table. For purposes of comparison the corresponding particulars for the past decade have been set out.

Tuberculosis.												
Year.		Daily Average Number of Patients resident.	Incidence. Fresh Cases (all forms).						Deaths.			
			Phthisis.			Other forms.			All forms.			
			No.	Ratio per 1,000 resident.	No.	Ratio per 1,000 resident.	No.	Ratio per 1,000 resident.	No.	Ratio per 1,000 resident.		
1927	1,018	9.1	653	5.9	86	0.8	739	6.6		
1928	907	8.0	617	5.4	88	0.8	705	6.2		
1929	985	8.5	725	6.3	78	0.7	803	6.9		
1930	948	8.0	667	5.7	72	0.6	739	6.3		
1931	924	7.7	616	5.1	73	0.6	689	5.7		
1932	1,004	8.3	657	5.4	79	0.7	736	6.1		
1933	950	7.7	635	5.2	79	0.6	714	5.8		
1934	820	6.6	553	4.4	59	0.5	612	4.9		
1935	791	6.3	525	4.2	51	0.4	576	4.6		
1936	878	6.8	516	4.0	67	0.5	583	4.5		

It is satisfactory to find a steady decline during the past four years in the rate of death from tuberculosis of the patients resident in the mental hospitals. Such a result might quite properly be attributed to the use of modern methods of diagnosis and to the periodic physical examination of all patients under care.

The Enteric Group.

There were 64 cases (10 males, 54 females) of typhoid and paratyphoid fevers during the year, reported from 36 hospitals. In addition seven women nurses were affected.

Year.		Enteric Fever.									
		Patients.						Staff.			
		Incidence.			Deaths.			Incidence.			Deaths.
		M.	F.	T.	M.	F.	T.	M.	F.	T.	M. F.
1927	...	37	100	137	9	19	28	1	6	7	— 1
1928	...	50	169	219	25	50	75	5	12	17	— 2
1929	...	16	104	120	6	26	32	—	14	14	— 2
1930	...	34	72	106	9	19	28	—	—	—	— —
1931	...	21	89	110	6	14	20	—	—	—	— —
1932	...	16	83	99	5	20	25	—	10	10	— 1
1933	...	83	117	200	26	25	51	1	9	10	— 1
1934	...	10	42	52	1	13	14	1	12	13	1 2
1935	...	23	70	93	5	17	22	—	3	3	— 1
1936	...	10	54	64	3	16	19	—	7	7	— —

During the past ten years the deaths from enteric fever have occurred in the percentage proportion of 30 for men and 70 for women. The corresponding percentages for the general population over the same period are 50·7 for men and 49·3 for women—approximately equal.

The Registrar General's returns do not distinguish between the sexes in the figures given of the incidence of diseases of the enteric group. The general view, however, is that the disease holds little preference for either sex. But in mental hospitals in the period 1927–1936, of a total of 1,200 cases, 75 per cent. have been women and 25 per cent. men.

The relatively high incidence of enteric amongst women in mental hospitals is difficult to explain. We can exclude general causes such as water, milk, food and linen, for if infection arose commonly from these sources there would be little difference in the sex incidence. The local causes may be related to the habits of the patients though

no definite differences are apparent. In this connection we would stress the need for training patients to wash their hands after visiting the sanitary annexes and also before taking meals. The use of individual towels and face cloths would tend further to limit the spread of infection. Attention may be directed also to the special problems of ward sanitation.

Dysentery.

The figures for the past decade are shown in the table which follows.

Year.	Dysentery.			Severe Diarrhoea.
	Fresh cases.	Incidence rate per 1,000.	Death rate per 1,000.	Fresh cases.
1927	307	2·8	0·4	184
1928	403	3·5	0·6	201
1929	372	3·2	0·3	193
1930	254	2·2	0·2	189
1931	423	3·5	0·4	269
1932	563	4·6	0·4	220
1933	457	3·7	0·4	223
1934	450	3·6	0·4	383
1935	487	3·9	0·4	276
1936	396	3·1	0·3	150

The number of cases of dysentery, reported from 40 hospitals, was 396, a decrease of 91 on the number during 1935. The death rate was 0·3 per 1,000.

During the period 1927–1936 there were 6,400 cases of dysentery and diarrhoea reported from mental hospitals. The distribution showed no sex preference, the numbers of men and women affected being approximately equal. It has not been possible to offer any explanation of the difference in this respect between dysentery and diseases of the enteric group.

Erysipelas.

There have been in all 334 (134 male and 200 female) cases of erysipelas reported from 70 hospitals. There were 25 deaths. The highest incidences were at East Sussex 22, Durham 15, Whittingham 14, Horton 13, and Barming Heath and Banstead 11 each.

Influenza.

The notifications of this infection numbered 643, including 9 cases of influenzal pneumonia. There were 57 deaths, a case percentage of 8·9.

Pneumonia, etc.

Non-tuberculous inflammatory diseases of the lungs and bronchi resulted in the deaths of 513 males and 856 females, a total of 1,369, of whom 734 were over the age of 55.

This group constitutes 15·7 per cent. of the deaths from all causes.

Pellagra.

During the year seventeen cases of pellagra have been reported, three of which terminated fatally.

The determining cause in most of the cases was clearly a diminished and unbalanced diet associated with mental illness during the period preceding admission to the mental hospital.

REGISTERED HOSPITALS.

(Thirteen in number.)

A list of these hospitals will be found in Appendix F in Part II.

Patients resident on 1st January, 1937.

Status.					Males.	Females.	Total.
Voluntary ...	...	...	...	...	254	375	629
Temporary ...	...	...	...	...	12	20	32
Certified ...	...	...	...	...	716	1,122	1,838
Total ...					982	1,517	2,499

The number of patients resident in these hospitals showed an increase of 23 (2 males and 21 females) during the year.

Direct Admissions during 1936 numbered 1,035 (males 437, females 598). Voluntary patients formed 69·3 per cent. of the total, while 6·1 per cent. were temporary and 24·6 per cent. certified.

Departures and Discharges.—The percentage of total departures and discharges (recovered, relieved and not improved) to the admissions was 75·3 and of recoveries alone 37·9 (males 38·7, females 37·3). The percentage distribution of the departures and discharges was—voluntary, 79·3; temporary 2·3; certified, 18·4.

Deaths in these hospitals numbered 218 and the death rate per cent. of the daily average number of patients resident was 8·9 (males 9·8, females 8·2).

NAVAL AND MILITARY HOSPITALS.

Royal Naval Hospital, Great Yarmouth.—The Commissioner who visited this Hospital on 23rd September, 1936, found upon the books the names of 210 patients, of whom 27 were officers. All were certified patients.

The Commissioner noted that vacancies existed for 48 patients and expressed the view, based on his experience in visiting mental hospitals and establishments throughout the country, that there were retired naval officers in such institutions who would benefit by the treatment and surroundings available at Yarmouth.

Attention is given to occupation therapy and the Commissioner saw only one able-bodied man who could not be prevailed upon to occupy himself. About 50 patients are employed in the workshops, many of them being patients who were formerly considered unemployable. The gardens and recreation grounds also provide occupation for a good number of patients. A greenhouse and four garden frames have been rebuilt, and a tennis court, croquet lawn and clock golf ground have been laid out, all by patients' labour.

As many as 55 patients are allowed full parole beyond the estate, 8 have a similar but limited privilege within the bounds of the hospital, and all the wards, with one exception, are administered on the open-door principle.

The general health has been excellent and there has been complete freedom from epidemic or infective disorders, including tuberculosis.

The hospital was throughout well kept and the Commissioner found the day rooms and dormitories very clean and bright in appearance.

Royal Military Hospital, Netley.—The Commissioner who visited "D" Block of the Royal Victoria Hospital, Netley, on 15th October, 1936, found 19 patients in residence, no one of whom was an officer.

Of the 217 cases admitted since the beginning of 1936 no less than 195 had been discharged and it had been found necessary to place only 21 of them under certificate.

Good provision is made for indoor and out-door recreations and various handicrafts are available for suitable cases.

The nursing staff consists of 26 male attendants, of whom 5 are certificated as mental nurses.

The patients appeared to be well cared for and their dietary liberal.

STATE CRIMINAL ASYLUM, BROADMOOR.

This institution was visited by two Commissioners on 29th September, 1936.

They noted the many alterations which had been carried out since the last visit, including the effective decoration completed on the female side, the successful remodelling and planting out of one of the airing courts in that division, and the installation of electrically heated plate warmers in many of the wards.

Whilst recognising that the percentage of patients employed amounted to just over 50 per cent. of the number resident, they thought that further scope existed for the application of occupational treatment, especially amongst the more regressed patients.

They observed that wireless was now installed in most of the wards and that the erection of a new concert hall with cinema, new workshops, new hospital accommodation with operating theatre and X-ray equipment, a dental surgery, a new library, and fresh accommodation for medical officers and staff were contemplated.

There were on the books the names of 768 patients, of whom 592 were men and 176 women.

LICENSED HOUSES.

(Fifty in number.)

At the end of the year 1936 there were 19 Metropolitan Houses licensed by us and 31 Provincial Houses licensed by Justices for the reception of patients under the Lunacy and Mental Treatment Acts.

Patients resident on 1st January, 1937.

Status.	Males.	Females.	Total.
Metropolitan Houses :			
Voluntary	96	157	253
Temporary	6	23	29
Certified	273	570	843
Provincial Houses :			
Voluntary	107	221	328
Temporary	3	7	10
Certified	554	846	1,400
Total	1,039	1,824	2,863

The total number of patients resident in these houses showed a decrease of nine during the year.

Direct Admissions numbered 1,291 (males 451, females 840). Of the total number 62·5 per cent. were voluntary patients, 7·3 per cent. were temporary and 30·2 per cent. were certified.

Departures and Discharges.—The percentage of total departures and discharges (recovered, relieved and not improved) calculated on the admissions was 73·0, and of recoveries alone 27·0 (males 28·8, females 26·1). The percentage distribution of the departures and discharges was—voluntary, 73·3; temporary, 5·5; certified, 21·2.

The *deaths* numbered 312, and the death-rate per cent. of the daily average number of patients resident was 10·94 (males 10·47, females 11·22).

Variations in Licences.—The changes that have taken place in the licences are included in the revised list of these houses which, with their present licensees, may be found in Appendix F in Part II.

SINGLE-CARE.

The following table shows the number of patients who were resident in private single-care under the provisions of the Lunacy and Mental Treatment Acts, but exclusive of cases found of unsound mind by inquisition.

Patients resident on 1st January, 1937.

Status.	Males.	Females.	Total.
Voluntary	3	7	10
Temporary	—	1	1
Certified	65	221	286
Total	68	229	297

There was a reduction of 19 in the number under care as compared with a year ago, and we are able to report, as a result of our visits to these patients—to some of whom a second visit has been paid—that the arrangements for their care and treatment were generally satisfactory.

CERTIFIED PATIENTS IN PUBLIC ASSISTANCE INSTITUTIONS AND PUBLIC HEALTH GENERAL HOSPITALS.*

The number of patients certified under the Lunacy Acts and detained in Public Assistance Institutions and Public Health General Hospitals at the end of 1936 was 15,102 (males 6,621, females 8,481). It should be noted that these figures relate only to persons certified under the Lunacy Acts, and that they by no means represent the total number of mental cases in these institutions.

Notwithstanding the need for further accommodation in County and Borough Mental Hospitals, there has been no increase in the number of Visiting Committees availing themselves of the facilities afforded by Section 26 of the Lunacy Act, 1890, for providing accommodation in Public Assistance Institutions for selected patients.

MENTAL AFTER CARE ASSOCIATION.

The Mental After Care Association, which has now completed 57 years of work, has given help in various ways to 3,515 patients in the course of the past year. The Association receives into Cottage Homes patients requiring convalescence after leaving mental hospitals and voluntary patients who require care. Patients are also boarded out from various mental hospitals, and after-care and help are provided in many ways for those returning to their own homes.

* The number of mental defectives in these institutions will be found on p. 38.

II.—MENTAL DEFICIENCY.

1. NUMBERS UNDER CARE.

The mentally defective patients under care at the end of the year 1936 numbered 82,726 (males 42,324, females 40,402); the percentage distribution of the sexes being—males 51·2, females 48·8. Included in this total are the cases under statutory supervision, which numbered 36,307 (males 19,358, females 16,949).

A table showing the distribution of the patients under care is given on page 38. It may be mentioned that the proportion of patients under 16 years of age of the total of 42,441 patients who were in institutions was 16 per cent. (males 19 per cent., females 13 per cent.).

During 1936 there were increases of 57 in the State Institution, 1,865 in Certified Institutions, 246 in Public Assistance Institutions and Public Health General Hospitals approved under section 37 of the Mental Deficiency Act, 1913, 21 in Approved Homes, 333 among those under Guardianship or notified and 1,467 among those under Statutory Supervision, while there was a decrease of 4 in Certified Houses. These changes resulted in a net increase of 3,985 under care.

The distribution of defectives under care on 1st January, 1927 and 1937, was as follows :—

	1st January, 1927.	1st January, 1937.
(2) In Institutions, Houses and Homes provided under the Mental Deficiency Act, 1913	21,662	42,441
Under Guardianship or Notified ...	1,077	3,978
Under Statutory Supervision ...	16,143	36,307

Nearly 73 per cent. of the patients receiving institutional care on 1st January, 1937, were accommodated in Certified Institutions (section 36): the distribution of patients in these institutions according to the conditions under which they were received was as follows :—

	Males.	Females.	Total.
Received under the provisions of the Mental Deficiency Acts	14,397	14,685	29,082
Received outside the provisions of the Mental Deficiency Acts :—			
Sent by Local Education Authorities ...	781	471	1,252
Sent under the Children and Young Persons Act, 1933	15	15	30
Sent by Poor Law Authorities	124	238	362
Sent by Relatives or others	10	62	72
Total	15,327	15,471	30,798

The number of cases sent to these institutions by Poor Law Authorities showed a decrease of 32 as compared with the numbers so returned last year. There has been a gradual decline in these cases, which ten years ago numbered 956.

The proportion of patients in Certified Institutions who are received under the provisions of the Mental Deficiency Acts, as compared with the proportion received outside the Acts, is steadily increasing, as is shown by the following table :—

Year. (1st Jan.)	Under the provisions of the Acts.	Outside the Acts.	Total.	Percentage under the Acts.
1918	4,242	2,147	6,389	66·4
1923	7,891	2,126	10,017	78·8
1928	12,197	1,902	14,099	86·5
1933	20,355	2,138	22,493	90·5
1934	22,505	1,989	24,494	91·9
1935	24,898	1,884	26,782	93·0
1936	27,111	1,822	28,933	93·7
1937	29,082	1,716	30,798	94·4
1927	11,330	2,012	13,342	84·9

2. ASCERTAINMENT.

The annual returns received from Local Authorities this year show that on 1st January, 1937, the number of defectives reported to Local Authorities, whether subject to be dealt with or not, was 117,147, an increase of 4,241 over last year's figures and a proportion to the population of 2·88 per 1,000 as against 2·79 a year ago.

The following table shows the numbers reported during the past ten years.

1st January	Number reported.			Ratio per 1,000 of population.
1928	61,522	1·57
1929	66,458	1·69
1930	71,439	1·81
1931	85,963	2·17
1932	97,310	2·44
1933	102,345	2·56
1934	106,439	2·65
1935	108,382	2·69
1936	112,906	2·79
1937	117,147	2·88

We have also obtained figures showing the number of children between the ages of 14 and 16 who have been informally reported to Local Authorities by Local Education Authorities, apart from those who have been statutorily notified. These are children for whom the Local Authority has no liability until they reach the age of 16; they amount to 3,584 or 0·09 per 1,000 of the population.

SUMMARY of MENTALLY DEFECTIVE PATIENTS on the books of INSTITUTIONS and under GUARDIANSHIP or
Notified on 1st January, 1937.

Received under the Mental Deficiency Acts, 1913 to 1927.																
Where maintained.	Under Orders (secs. 6-9).				Not under Orders (sec. 3)			Total.			Received outside the Mental Deficiency Acts.			Total of all Mental Defectives in Institutions and under Guardianship or Notified.		
	Non-criminal.		Criminal.		M.	F.	M.	F.	T.							
	M.	F.	M.	F.						M.	F.	M.	F.	T.		
	In the State Institution ...	322	445	465	130	8	6	795	581	1,376	—	—	—	795	581	1,376
In Certified Institutions ...	11,311	13,627	2,296	568	790	490	14,397	14,685	29,082	930	786	1,716	15,327	15,471	30,798	
In Approved (sec. 37) Institutions ...	4,094	4,635	513	135	12	19	4,619	4,789	9,408	—	—	—	4,619	4,789	9,408	
In Certified Houses...	3	7	—	—	85	107	88	114	202	—	—	—	88	114	202	
In Approved Homes ...	—	—	—	—	—	—	—	—	—	387	270	657	387	270	657	
Under Guardianship or Notified ...	1,571	2,061	64	16	12	5	1,647	2,082	3,729	103*	146*	249*	1,750	2,228	3,978	
Total ...	17,301	20,775	3,338	849	907	627	21,546	22,251	43,797 (a)	1,420	1,202	2,622	22,966	23,453	46,419†	

(a) Of these cases approximately 3,023 were on Licence from Certified Institutions and 85 from Guardianship.

* Notified cases (sec. 51).

† In addition to the patients in Institutions and under Guardianship or Notified, there were on the same date 36,307 patients (19,358 males, 16,949 females) under Statutory Supervision (sec. 30 (b)).

If the number of mentally defective children in this category is added to the number given above, the total reported to Local Authorities is 120,731* or 2·97 per 1,000.

On 1st January, 1937, the number of mental defectives ascertained to be subject to be dealt with was 88,699 (2·18 per 1,000 of the population as against 2·09 last year).

The estimate in the Report of the Wood Committee of the number of defectives for whom Local Authorities are, or may at any time become, responsible is 4·52 per 1,000 of the population and is made up as follows :—

<i>Adults</i>	...	...	...	3·79 per 1,000
<i>Children</i>	:—			
Imbeciles	...	...	...	0·60
Idiots	...	...	...	0·13
				4·52

This figure, 4·52, excludes feeble-minded children of school-age and is comparable with the figure of 2·88 quoted above as the mean proportion of defectives reported this year to all Mental Deficiency Authorities in England and Wales.

A table is given on p. 42, compiled from the returns received from Local Authorities, showing for each area the proportion of defectives reported per 1,000 of the population.

The increased proportion for the whole country is largely accounted for by a small general increase in the numbers of defectives reported to the great majority of Local Authorities. In the following areas the increase shown this year is over 0·25 per 1,000 :—

Dorset C., 1·32; Rotherham C.B., 1·07; Portsmouth C.B., 0·81; Oxford C., 0·73; Grimsby C.B., 0·72; West Bromwich C.B., 0·49; Darlington C.B., 0·45; Worcester C.B., 0·43; Birkenhead C.B., 0·41; Derby C., 0·39; Swansea C.B., 0·37; Walsall C.B., 0·34; Flint C., 0·32; Gateshead C.B., 0·31; Denbigh C., 0·30; Nottingham C.B., 0·29; Croydon C.B., 0·29; Devon C., 0·28; West Ham C.B., 0·26; Caernarvon C., 0·26.

In nine areas, on the other hand, there is a notable decrease (from 0·21 to 0·61 per 1,000) in the number of cases reported. This may be partly due to Local Authorities' revision of records and to more accurate returns but it is difficult to account for it altogether in this way, particularly in those areas where the ascertainment last year already fell far short of the probable number of defectives in need of care and training.

We think, therefore, that Local Authorities may find it useful to study the table referred to above and to consider the significance of any marked changes that have occurred in the figures. The table contains in the first column the number of defectives reported to Local Authorities at the stage preliminary even to ascertainment,

* This is the total number of defectives known to Local Authorities as distinguished from those who are subject to be dealt with, and is not comparable with the figures given on p. 36.

and, in the second, the numbers ascertained to be subject to be dealt with; the third and fourth columns contain figures showing the subsequent statutory action taken by each Local Authority. Ascertainment is in itself only a preliminary to further action and where the figures in the third and fourth columns fall very far short of the numbers ascertained to need care it is clear that ascertainment has been a barren process leading to nothing. Local Authorities in these areas will wish to reconsider the means available for following up ascertainment by the provision of facilities for care and training in certified institutions and in the community.

The number of children notified by Local Education Authorities during the year was 3,991, an increase of 458 on the number notified during 1935.

<i>Year.</i>							<i>Number of Notifications.</i>
1936	...	...	...	...	...	...	3,991
1935	...	...	...	...	...	...	3,533
1934	...	...	...	...	...	...	3,488
1933	...	...	...	...	...	...	3,543
1932	...	...	...	...	...	...	3,777
1931	...	...	...	...	...	...	3,780

Of the 3,991 cases notified during 1936 by Local Education Authorities, 576 have been placed in Institutions, 38 under Guardianship, 2,745 under Statutory Supervision and 25 in "places of safety," while 40 died or were removed from the area of the Local Authority. No action has been taken in 567 cases (14·2 per cent.).

The increased number of cases notified this year by Local Education Authorities is chiefly accounted for by a considerable increase in notifications in London and by lesser increases in Essex, Lancashire and Middlesex. We hope that this activity in some of the most populous areas foreshadows a general movement on the part of Local Education Authorities and Mental Deficiency Authorities to make fuller use of existing legal provisions on the lines indicated in the Board of Education's Memorandum, No. 151, of 22nd June, 1936.

The employment by Local Education Authorities of educational psychologists, with the main object of determining different intelligence groups amongst the school population and of providing corresponding educational facilities, also helps in the ascertainment of children who are mentally defective within the meaning of the Education Acts. Particulars of children examined by the educational psychologist and thought to be mentally defective are referred to the school medical officer who may find this expert opinion valuable in deciding whether to recommend action under the Education or Mental Deficiency Acts and what action to recommend.

We gave figures last year showing that the ratio of cases notified by Local Education Authorities varied from 3 per 10,000 of the general population in some areas down to 0·30 and below in 17 others; this year we quote from the returns made to us by Local

Authorities showing the number of children notified under Section 2 (2) of the Mental Deficiency Act, 1913, and the subsequent action taken in the six most populous areas.

—	Lancs. M.H. Board.	London.	Middle- sex.	Yorks., W.R.	Essex.	Kent.
Population (in thousands)	5,167	4,185	1,867	1,536	1,318	1,304
Sent to Institutions or placed in "places of safety." ...	36	79	31	18	29	13
Placed under Guardianship or under Statutory Supervision ...	276	496	118	42	145	55
Died or removed from area ...	3	5	6	—	5	—
Action not yet taken ...	101	92	14	3	5	18
Total notified ...	416	672	169	63	184	86
Ratio per 10,000 of population ...	0·81	1·61	0·91	0·41	1·40	0·66

On 1st January, 1937, the total number of mental defectives "subject to be dealt with" and in receipt of poor relief was 9,494 as compared with 9,274 last year. The following table shows the changes that have taken place amongst this group during the past five years :—

				Indoor Relief.	Outdoor Relief.	Total.
1932	...	...	...	6,719	3,655	10,364
1933	...	...	...	7,301	3,988	11,289
1934	...	...	...	7,082	4,018	11,100
1935	...	...	...	7,541	4,173	11,714
1936	...	...	...	5,493	3,781	9,274
1937	...	...	...	5,598	3,896	9,494

It will be seen that the number of mental defectives in Public Assistance Institutions, ascertained by Mental Deficiency Authorities but not dealt with under the Mental Deficiency Acts, has increased this year from 5,493 to 5,598 and this number is only likely to diminish as colonies grow and overtake the need for beds for urgent cases living outside institutions. Local Authorities and Public Assistance Authorities are aware of the harm and hardship which ensue from the retention of defectives in mixed public assistance institutions and the present programme of colony development has as one of its aims their removal to surroundings where they will cease to trouble normal inmates and will themselves be given the best chance to improve under skilled care and training.

With regard to the 3,896 defectives in receipt of out-relief (as against 3,781 last year), there appears to be no reason why this

number should continue to increase. Many Local Authorities have already taken advantage of the provisions of the Local Government Act and are now providing out-relief for defectives through the Mental Deficiency Authority rather than through Public Assistance. This course has many advantages. In addition to the out-relief, defectives and their families usually need other help as well, which the Local Authority can best provide through the advice and experience of their supervising officers and by day training centres, home training, etc. Moreover, the ultimate responsibility of deciding whether a defective living in the community needs institutional care rests with the Local Authority and in order to reach a proper decision on this issue the Authority need the advice of the officers entrusted with the duties of supervision. Since the passing of the Local Government Act, Local Authorities have in their own hands the power to simplify and improve this branch of the mental health services; mental defectives and the general community will, we think, benefit in areas where the fullest use is made of these powers to co-ordinate and to prevent overlapping with Public Assistance.

The following table shows the proportion, per 1,000 of the population of the area, of defectives reported to Local Authorities; of defectives ascertained to be subject to be dealt with; of defectives receiving institutional care; and of defectives placed under some form of statutory care in the community (i.e., licence, guardianship, statutory supervision). It will be noticed that the figures in the third and fourth columns showing the action taken do not in any case amount to the figure in the column showing the number ascertained; the reasons for this are that, as has already been pointed out, numbers varying in different areas have been ascertained but are still in receipt of poor-relief and that, in some areas, large numbers have been ascertained and no action has been taken.

				<i>Reported</i>	<i>Ascertained to be subject to be dealt with.</i>	<i>In Institu- tions.</i>	<i>In Com- munity Care.</i>
Cardigan C.	...	...	...	7·30	1·28	0·19	0·07
Walsall C.B.	...	...	...	6·75	4·29	2·37	1·60
Devon C.	...	...	...	6·34	2·88	1·40	0·67
Rutland C.	...	...	...	5·88	5·88	1·53	4·01
Salop C.	...	...	...	5·52	2·47	0·78	1·10
Suffolk, E. and W.	...	...	...	5·31	2·85	0·85	1·04
Nottingham C.B.	...	...	...	5·13	5·13	1·11	3·57
Somerset C.	...	...	...	5·10	3·20	1·51	1·11
Plymouth C.B.	...	...	...	5·04	3·75	1·27	2·41
Portsmouth C.B.	...	...	...	4·97	2·12	0·67	1·16
Wiltshire C.	...	...	...	4·76	3·52	1·32	1·75
Dorset C.	...	...	...	4·75	2·63	1·10	1·21
Rotherham C.B.	...	...	...	4·64	2·24	0·84	0·42
Essex C.	...	...	...	4·59	1·90	0·58	0·90
Darlington C.B.	...	...	...	4·50	2·03	0·74	0·74
Berkshire C.	...	...	...	4·31	1·96	1·09	0·56
Oxford C.B.	...	...	...	4·29	3·17	1·36	1·73

			<i>Reported.</i>	<i>Ascertained to be subject to be dealt with.</i>	<i>In Institu- tions.</i>	<i>In Com- munity Care.</i>
Ipswich C.B.	...	...	4.27	3.96	1.54	2.30
Leeds C.B.	...	...	4.21	3.56	1.28	2.20
Birmingham C.B.	...	...	4.20	4.19	1.72	2.23
West Bromwich C.B.	...	...	4.16	2.49	1.93	0.55
Bristol C.B.	...	...	4.12	4.10	1.13	2.25
Burton-on-Trent C.B.	...	...	4.08	1.88	0.50	0.85
Sunderland C.B.	...	...	4.05	3.20	0.68	1.58
Cambridge C.	...	...	4.00	2.15	0.81	0.87
Oxford C.	...	...	3.92	1.40	0.45	0.71
Barnsley C.B.	...	...	3.85	2.51	0.53	1.36
Hertford C.	...	...	3.84	3.16	1.05	0.79
Grimsby C.B.	...	...	3.65	1.70	0.52	0.67
Birkenhead C.B.	...	...	3.63	1.69	0.39	1.08
Reading C.B.	...	...	3.61	2.62	0.75	1.78
Radnor C.	...	...	3.56	3.37	0.68	2.34
Leicester C.	...	...	3.55	1.50	0.61	0.48
Swansea C.B.	...	...	3.53	2.04	0.59	1.44
Smethwick C.B.	...	...	3.52	3.31	0.80	2.31
Merioneth C.	...	...	3.49	2.66	0.65	—
Worcester C.B.	...	...	3.43	1.99	0.72	1.01
York C.B.	...	...	3.40	2.21	1.13	1.04
Southampton C.B.	...	...	3.37	1.87	0.84	1.03
Stafford C.	...	...	3.31	1.35	0.39	0.55
London C.	...	...	3.29	2.61	1.51	1.07
Newport C.B.	...	...	3.28	1.33	0.33	0.73
Isle of Wight C.	...	...	3.23	2.88	0.61	1.67
Cumberland, Westmorland and						
Carlisle C.B.	...	...	3.21	2.46	0.92	1.45
Bradford C.B.	...	...	3.18	2.86	0.98	1.88
Canterbury C.B.	...	...	3.15	2.39	1.12	0.68
Wolverhampton C.B.	...	...	3.15	2.21	0.92	1.21
Norfolk C.	...	...	3.10	2.74	1.34	0.88
Kingston-upon-Hull C.B.	...	...	3.10	2.70	0.78	1.58
Warwick C.	...	...	3.09	2.07	1.09	0.88
West Ham C.B.	...	...	3.07	2.97	0.92	1.87
Sheffield C.B.	...	...	3.07	2.45	0.87	1.55
Parts of Lindsey C.	...	...	3.06	2.30	0.86	1.24
Derby C.B.	...	...	3.05	1.39	0.45	0.82
Pembroke C.	...	...	3.01	1.77	0.58	0.08
Exeter C.B.	...	...	3.00	2.93	1.27	1.65
Tynemouth C.B.	...	...	3.00	2.66	1.08	1.27
Northampton C.B.	...	...	2.98	1.07	0.26	0.81
Soke of Peterborough C.	...	...	2.97	2.97	0.97	1.96
Southampton C.	...	...	2.96	2.47	0.97	1.24
Anglesey C.	...	...	2.96	2.96	0.40	1.47
Monmouth C.	...	...	2.95	2.48	0.52	1.92
Parts of Kesteven C.	...	...	2.91	1.88	0.63	0.91
Bath C.B.	...	...	2.90	2.21	0.95	1.17
Hereford C.	...	...	2.88	2.88	0.59	2.06
Cardiff C.B.	...	...	2.80	2.23	0.81	1.36
Middlesbrough C.B.	...	...	2.78	2.76	0.76	1.57
Nottingham C.	...	...	2.74	1.40	0.45	0.62
Isle of Ely C.	...	...	2.70	1.28	0.55	0.59
Dewsbury C.B.	...	...	2.70	1.80	0.66	1.12

	<i>Reported.</i>	<i>Ascertained to be subject to be dealt with.</i>	<i>In Institu- tions.</i>	<i>In Com- munity Care.</i>
East Ham C.B.	2·67	2·29	0·77	1·39
Gloucester C. and Gloucester C.B.	2·66	1·74	0·54	0·67
Lancashire Mental Hospitals				
Board	2·66	1·89	0·70	0·94
Northumberland C.	2·66	2·09	0·68	1·20
Montgomery C.	2·66	2·66	0·91	1·75
Derby C.	2·64	1·70	0·54	0·66
Parts of Holland C.	2·64	2·42	0·54	1·49
Dudley C.B.	2·62	2·14	0·58	1·19
Denbigh C.	2·62	2·58	0·68	0·92
Leicester C.B.	2·57	2·09	1·13	0·96
Great Yarmouth C.B.	2·55	1·53	0·67	0·32
Durham C.	2·46	2·46	0·44	1·58
Lincoln C.B.	2·46	1·86	0·58	0·69
Norwich C.B.	2·45	2·41	1·23	1·00
Buckingham C.	2·41	1·99	1·06	0·82
Chester C.B.	2·40	2·35	1·01	1·21
Newcastle-on-Tyne C.B.	2·37	2·34	1·32	1·00
Merthyr Tydfil C.B.	2·35	1·25	0·33	0·01
Eastbourne C.B.	2·34	2·34	0·68	1·28
Yorks, North Riding	2·32	1·33	0·55	0·54
Brecknock C.	2·31	2·31	0·34	1·12
Gateshead C.B.	2·29	2·00	0·71	1·09
Worcester C.	2·29	1·46	0·64	0·59
Croydon C.B.	2·27	2·21	0·59	1·46
Cornwall C.	2·24	2·15	0·70	0·99
Southend-on-Sea C.B.	2·24	1·68	0·50	1·00
East Sussex C.	2·23	2·05	0·61	1·23
Yorks, East Riding	2·23	1·61	0·78	0·77
Caernarvon C.	2·23	1·56	0·37	0·30
Hastings C.B.	2·22	1·97	0·73	1·20
Kent C.	2·16	1·56	0·66	0·60
Northampton C.	2·14	1·35	0·42	0·56
Flint C.	2·12	2·12	0·58	1·40
Coventry C.B.	2·06	1·98	0·37	1·18
Glamorgan C.	1·93	1·93	0·46	0·99
Middlesex C.	1·90	1·51	0·83	0·65
Doncaster C.B.	1·90	1·90	0·76	1·02
Chester C.	1·88	1·81	0·31	1·15
Wakefield C.B.	1·88	1·23	0·52	0·50
Yorks, West Riding	1·81	1·72	0·61	0·89
Carmarthen C.	1·81	1·81	0·27	0·03
Surrey C.	1·74	1·24	0·57	0·44
Halifax C.B.	1·74	1·74	0·94	0·80
Wallasey C.B.	1·73	1·27	0·72	0·33
Brighton C.B.	1·73	1·73	0·47	1·20
West Sussex C.	1·50	1·49	0·47	0·99
Bedford C.	1·47	1·34	0·52	0·57
Huddersfield C.B.	1·46	1·29	0·59	0·60
South Shields C.B.	1·36	1·36	0·82	0·51
Stoke-on-Trent C.B.	1·33	1·13	0·45	0·62
Huntingdon C.	1·18	1·18	0·41	0·59
West Hartlepool C.B.	1·13	1·13	0·57	0·32
Bournemouth C.B.	1·06	1·00	0·47	0·52

3. ACCOMMODATION.

The present number of beds in Certified Institutions (Sect. 36 and Sect. 37, Mental Deficiency Act, 1913) is as follows :—

	<i>Number of beds.</i>
Certified Institutions provided by Local Authorities (Sect. 36)	19,319
Certified Institutions provided by other bodies (Sect. 36) ...	9,671
Public Assistance Institutions and Public Health General Hospitals (Sect. 37)	10,264
	<hr/> 39,254 <hr/>

This represents a total increase during the year 1936 of 1,014 beds; 779 in Certified Institutions provided by Local Authorities (Section 36); 73 in Certified Institutions provided by other bodies (Section 36) and 162 in Public Assistance Institutions, etc. (Section 37).

The Present Position with regard to Accommodation.

(i) *Beds Provided by Local Authorities.*

The total number of beds in Certified Institutions provided by Local Authorities is now 19,319. The number of beds in this category provided during the past year, 779, is exceptionally low. Considerable developments have taken place at Cranage Hall (Cheshire Joint Board) 256 beds; Hensol Castle (Glamorgan C.) 230 beds; Little Plumstead Hall (Norfolk C.) 69 beds; and at the Wilton and Purton Institutions (Wilts. C.) which have been certified under Section 36 for 65 and 48 beds. No other developments of a major character have been completed during the year but the list given on page 48 of buildings in the course of erection shows that there is no falling off in the building activities of Local Authorities. That the need for beds remains urgent is shown by the constant reference still made in the annual reports of Mental Deficiency Committees to the difficulty of finding vacancies in certified institutions. In the case of very low-grade or troublesome defectives the difficulty becomes an impossibility. Beds in certified institutions where the necessary facilities are provided do not exist and mental hospitals and public assistance institutions are still unwillingly obliged to open their doors to a type of patient whose presence is detrimental to hospital classification and treatment.

Eighty-one Local Authorities had, on 1st January, 1937, provided accommodation under Section 30 (c) of the Act of 1913, whilst 17 others had made contractual arrangements for the reservation of beds in existing certified institutions.

(a) Certified Institutions Provided by Local Authorities.

	<i>Beds.</i>		<i>Beds.</i>
Bedfordshire and Northamptonshire Joint Board (Bedford C., Northampton C. and Northampton C.B.)		Hampshire Mental Health Institutions Joint Committee (Southampton C., Bournemouth C.B. and Southampton C.B.)	
Bromham House	24	Coldeast Colony	500
Birmingham C.B.		Tatchbury Mount	137
Coleshill Hall	420	Herts C.	
Monyhull Colony	1,243	Cell Barnes Colony	600
Bradford C.B.		Ipswich C.B.	
Westwood Colony, with ancillary premises (Ashfield)	290	Handford Home	22
Brighton C.B.		Kent C.	
Laughton Lodge	34	Leybourne Grange	300
Bristol C.B.		West View, Tenterden	180
Hortham Colony	608	Kingston-upon-Hull C.B.	
Buckingham C.		Tilworth Grange	150
Manor House, Aylesbury	99	Lancashire Mental Hospitals Board	
Bucks, Oxon and Reading Joint Board (Bucks C., Oxford C., Oxford C.B. and Reading C.B.)		Brockhall	772
Borocourt	207	Calderstones	2,328
Cheshire Joint Board (Chester C. and Chester, Birkenhead and Wallasey C.B.s)		Leeds C.B.	
Cranage Hall	318	Meanwood Park Colony, with ancillary premises (Armley Grange and Kepstorn)	490
Cornwall C.		Leicester C.B.	
St. Columb Major	111	Leicester Frith	337
Cumberland, Westmorland and Carlisle Joint Committee		Leicestershire and Rutland Joint Board	
Dovenby Hall Colony	185	Stretton Hall	60
Denbigh C.		Lincolnshire Joint Board (Holland, Kesteven and Lindsey Cs. and Grimsby and Lincoln C.Bs.)	
Coed Du Hall	72	Harmston Hall Colony	250
Derby C.		Lindsey C.	
Makeney House	80	Caistor	120
Derby C.B.		London C.	
Thornhill	39	Brunswick House	68
Devon C.		Farmfield	141
Box House, Axminster	109	Manor	1,292
Stoke Lyne	53	South Side Home	80
Western Lodge, Crediton	106	Middlesex C.	
Flintshire C.		Middlesex Colony	854
Broughton	56	Bramley House	66
Glamorgan C.		Craufurd Home	116
Drymma Hall	79	Newcastle-on-Tyne C.B.	
Hensol Castle	380	Shotley Bridge Colony	473
Halifax C.B.		Norfolk C.	
Craigie Lea	28	Little Plumstead Hall, with ancillary premises (Heckingham)	501

Board of Control

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	<i>Beds.</i>		<i>Beds.</i>
North-Eastern County Boroughs Joint Board (Darlington, Middles- brough, South Shields, Sunderland, Tynemouth and West Hartlepool C.Bs.)		Warwick C.	
Prudhoe Hall Colony ...	625	Weston Colony	138
Northumberland C.		West Ham C.B.	
Cowpen Hall	42	South Ockendon Colony...	134
Greenholme Institution, Haltwhistle	51	West Wales Joint Board (Cardigan, Carmarthen, Pembroke, Brecon and Radnor Cs.)	
Rothbury	54	Pantglas Hall	117
Norwich C.B.		Wiltshire C.	
Eaton Grange	37	Pewsey Colony	201
Nottingham C.B.		Purton	48
Aston Hall	320	Wilton	65
Sheffield C.B.		Yorkshire :—	
Cliffe House	29	East Riding and York Joint Board	
Hollow Meadows	58	Brandesburton Hall ...	121
Wales Court	50	Mid-Yorkshire Joint Board (Leeds, York, Halifax and Kingston-upon- Hull C.Bs.)	
Somerset C.		Mid-Yorks Institution...	214
Sandhill Park, with ancil- lary premises (Cam- bridge House, West End House, and Yatton Hall)	486	North Riding	
Stoke-on-Trent C.B.		Claypenny Colony ...	90
Stallington Hall	77	South-West Yorkshire Joint Board (Barnsley, Dews- bury, Doncaster, Halifax, Huddersfield, Rother- ham and Wakefield C.Bs.)	
Surrey C.		St. Catherine's Colony ...	300
Botleys Park, with ancil- lary premises (Murray House)	409	West Riding C.	
Clerk's Croft	120	Oulton Hall	264
Swansea C.B.		Rawcliffe Hall	121
Llwyn Eryr Training Home	27	The Mansion, Kirkburton	60
Walsall and West Bromwich Joint Board			
Great Barr Park Colony...	683		
			19,319

(b) *Beds are Reserved at the following Institutions for Patients from the Local Authorities named :*

Stoke Park Colony	...	...	} Derby C.
Whittington Hall	...	...
Stoke Park Colony	...	...	} Gloucestershire (County and City) Joint Committee.
Brentry Colony	...	...
Royal Eastern Counties' Institution	...	...	} Essex C. Southend C.B. East and West Suffolk Joint Committee. Ipswich C.B. Cambridgeshire C.
Royal Western Counties' Institution	...	...	} Devon C. Exeter C.B. Plymouth C.B. Dorset C. Somerset C.

Hortham Colony (Bristol C.B.)	{ Bath C.B. Dorset C.
Little Plumstead Hall (Norfolk C.)	{ Great Yarmouth C.B. Norwich C.B.
Shotley Bridge Colony (Newcastle-on-Tyne C.B.) ...	{ Gateshead C.B.
Hensol Castle (Glamorgan C.)	{ Cardiff C.B. Merthyr Tydfil C.B. Swansea C.B.
South Ockendon Colony (West Ham C.B.)	{ East Ham C.B.
Botleys Park (Surrey C.) ...	Croydon C.B.
Great Barr Park Colony ...	{ Staffs C. Coventry C.B. Derby C.

Plans of the following schemes have received statutory approval and the buildings are in course of erection :—

	<i>Beds.</i>
Middlesex Colony (Middlesex C.)	627
School Aycliffe Colony (Durham C.)	360
Winestead Hall (Kingston-upon-Hull C.B.)	130
Marston Green Homes (Birmingham C.B.)	380
Brandesburton Hall (East Riding and York Joint Board) ...	160
Hensol Castle (Glamorgan C.)	80
Bromham House (Beds. and Northants Joint Board) ...	260
Leybourne Grange (Kent C.)	161
Botleys Park (Surrey C.)	1,200
South Ockendon Colony (West Ham C.B.)	340
Great Barr Park (Walsall and West Bromwich Joint Board) ...	400
Northgate Colony (Northumberland C.)	300
Boreatton Park (Salop C.)	150
Royal Western Counties' Institution (Devon C., Exeter C.B., Somerset C., Dorset C. and Plymouth C.B.)	320
Westwood (Bradford C.B.)	60
Brockhall (Lancashire Mental Hospitals Board)	1,326
Claypenny Colony (Yorks N. Riding C.)	180
Balderton Hall (Notts. C.)	540
Shotley Bridge Colony (Newcastle-on-Tyne C.B.)	80
St. Catherine's (S.W. Yorks Joint Board)	200
Dovenby Hall (Cumberland, Westmorland and Carlisle Joint Committee)	150
Portsdown Colony (Portsmouth C.B.)	500
Leicester Frith (Leicester C.B.)	62
Risbridge Institution (E. and W. Suffolk Joint Committee) ...	201*
Holbeach Institution (Holland C.)	167

* This Institution will be approved under Section 37 of the Mental Deficiency Act, 1913.

The following schemes have been approved in principle :—

	<i>Beds.</i>
Stallington Hall (Stoke-on-Trent C.B.)	440
Meanwood Park (Leeds C.B.)	320
Hensol Castle (Glamorgan C.)	220
Warwickshire Weston Colony (Warwickshire C.)	100
Leybourne Grange (Kent C.)	670
Campsmount Colony (Yorks, W.R. C.)	660
Pewsey Colony (Wilts C.)	200
Little Plumstead Hall (Norfolk C.)	120
Isle of Ely Colony (Isle of Ely C.)	100
Laughton Lodge (Brighton C.B.)	180
Borocourt (Bucks, Oxon and Reading Joint Board)	224
Harmston Hall Colony (Lines Joint Board)	120
Eaton Grange (Norwich C.B.)	20
Great Barr Park Colony (Walsall and West Bromwich Joint Board)	240

The following Local Authorities have not yet provided institutional accommodation under Section 38 (1) (a) either alone or in combination with other Local Authorities, although the majority of them still have schemes under consideration :—

Anglesey C.	Merioneth C.
Burton-on-Trent C.B.	Monmouth C.
Caernarvon C.	Newport C.B.
Coventry C.B.	Smethwick C.B.
Dudley C.B.	Soke of Peterborough C.
Eastbourne C.B.	Stafford C.
East Sussex C.	West Sussex C.
Hastings C.B.	Wolverhampton C.B.
Hereford C.	Worcester C.
Huntingdon C.	Worcester C.B.
Isle of Wight C.	

(ii) *Other Beds Provided.*

The following accommodation was available on the 1st January last, in addition to that provided by Local Authorities in their own Institutions :—

In Certified Institutions under Section 36 provided by other bodies (including Royal Eastern Counties' Institution, Royal Albert Institution, Royal Western Counties' Institution, Royal Earlswood Institution, Midland Counties' Institution, Stoke Park Colony, Bentry Colony, Whittington Hall and The Mary Dendy Home, Sandlebridge)	9,671
In Public Assistance Institutions and Public Health General Hospitals approved under Section 37 of the Mental Deficiency Act, 1913 (including Darenth Park, the Caterham, Fountain and Leavesden Hospitals, and Seafield House)	10,264

The net increase of 162 beds shown this year in institutions approved under Section 37 is mainly accounted for by an increase of 203 beds made available for defectives in the four institutions (London C.) transferred from the Metropolitan Asylums Board. Amongst the smaller public assistance institutions eight have either ceased to admit defectives under Section 37 or have decreased their numbers. No new approval is now given by the Board to public assistance premises unless complete separation is arranged for between the defectives and the other inmates and unless the group admitted is confined to a type of patient for whom the accommodation is suitable.

(iii) *Hostels.*

The following Institutions function solely as hostels and receive patients, in the first instance, on licence from other Certified Institutions :—

- Eagle House, Mitcham (Surrey Voluntary Association for Mental Welfare). (Women.)
- Royal Fort Home, Bristol (The Committee of Management). (Women.)
- Royal Hostel, Elstead (Surrey Voluntary Association for Mental Welfare). (Men.)
- The Old Rectory, Bath (Bath Voluntary Association for Mental Welfare). (Women.)

Patients are also sent out to daily work from the following, amongst other institutions. Those marked * have separate hostel branches :—

- Royal Eastern Counties' Institution. (Women.)
- *The Manor (London C.). (Men and Women.)
- *Royal Western Counties' Institution. (Men and Women.)
- South Side Home (London C.). (Women.)
- Farmfield (London C.). (Men.)
- Brunswick House (London C.). (Men.)
- *Meanwood Park Colony (Leeds C.B.). (Women.)
- *The Hermitage. (Women.)
- *Caterham (London C.). (Men.)
- Dungates. (Men.)
- *Monyhull Colony (Birmingham C.B.). (Women.)
- Sandhill Park (Somerset C.). (Women.)
- Eaton Grange (Norwich C.B.). (Women.)
- Coleshill Hall (Birmingham C.B.). (Men and Women.)
- Pewsey Colony (Wilts C.). (Women sent out on licence to hostel.)
- Mount Olivet. (Men.)

(iv) *Medical Superintendents of Certified Institutions.*

The following is a list of Certified Institutions where whole-time resident Medical Superintendents have been appointed :—

(a) Certified Institutions provided by Local Authorities or combinations of Local Authorities.

Managers.	Name of Certified Institution.	Beds.	Name of Medical Superintendent.
<i>England :</i>			
Bedfordshire and Northamptonshire Jt. Board.	Bromham House	24	R. G. B. Marsh, M.R.C.S., L.R.C.P., D.P.M.
Bristol C.B. ...	Hortham Colony	608	J. F. Lyons, L.R.C.P., L.R.C.S.
Herts C.C. ...	Cell Barnes Colony	600	N. H. M. Burke, M.R.C.S., L.R.C.P., D.P.M., D.M.R.E.
Kent C.C. ...	Leybourne Grange	300	R. Fitzroy Jarrett, L.M.S.S.A., F.R.F.P.S.
London C.C. ...	The Manor ...	1,292	E. S. Littelljohn, M.R.C.S., L.R.C.P.
Middlesex C.C. ...	Middlesex Colony	854	H. E. Beasley, M.B., B.S., D.P.M.
Norfolk C.C. ...	Little Plumstead Hall.	501	J. V. Morris, M.B., B.Ch.
Somerset C.C. ...	Sandhill Park ...	486	T. A. Danby, M.B., D.P.H.
Birmingham C.B....	Coleshill Hall ...	420	H. Freize Stephens, M.R.C.S., L.R.C.P.
Do. ...	Monyhull Colony	1,243	A. M. McCutcheon, M.B., Ch.B., F.R.F.P.S.
Cheshire Jt. Bd. ...	Cranage Hall ...	318	E. A. Haslam-Fox, M.B., Ch.B., D.P.M.
Hampshire Joint Mental Health Institutions Committee.	Coldeast Colony	500	Alban Wilson, M.R.C.S., L.R.C.P.
Lancashire Mental Hospitals Board.	Brockhall ...	772	R. B. F. McKail, M.B., Ch.B.
Do.	Calderstones ...	2,328	G. S. Robertson, M.B., Ch.B.
Lincolnshire Jt. Bd.	Harmston Hall Colony.	250	S. J. Laverty, M.B., Ch.B.
Wallsall and West Bromwich (Barr Colony) Jt. Bd.	Great Barr Park Colony.	683	D. M. Macmillan, M.B., Ch.B., D.P.M.
<i>Wales :</i>			
Glamorgan C.C. ...	Hensol Castle ...	380	E. Lewis, L.R.C.P., L.R.C.S., F.R.F.P.S.
Do. ...	Drymma Hall (non-resident).	79	Do.

(b) Certified Institutions provided by other bodies.

Managers.	Name of Certified Institution.	Beds.	Name of Medical Superintendent.
The Incorporation of National Institutions for Persons requiring Care and Control. Committee of Management.	Whittington Hall	421	F. W. Furniss, M.R.C.S., L.R.C.P.
Do.	Royal Eastern Counties Institution.	1,682	F. D. Turner, M.B.
Do.	Brentry Colony	385	J. J. Mason, M.B., Ch.B.
Do.	Royal Albert Institution.	920	C. J. Henderson, M.B.
Do.	Royal Earlswood Institution.	575	S. Langton, M.B., B.S.

(A non-resident medical superintendent has been appointed at Shotley Bridge Colony, viz., Dr. G. McCoull; and at Stoke Park Colony, Bristol, Dr. R. J. A. Berry is non-resident Director of Medical Services.)

(v) *Approved Homes* and Certified Houses.†*

There are now 38 Approved Homes and 5 Certified Houses approved by the Board, containing 788 beds and 228 beds respectively. There are 131 vacancies in Approved Homes and 26 in Certified Houses.

Building Memorandum.

In August this year the Board issued a Circular (No. 822) as the result of revision of certain parts of the memoranda on the design and construction of colonies for defectives. In making this known to Local Authorities it was explained that the variations from former standards now suggested related to sanitary conveniences and that the revised standards would be applied by the Board in dealing with new buildings and with improvements to existing buildings where the plans had not already been provisionally agreed. Since issuing this circular an appendix with sketch plans has been drawn up embodying suggestions for the better use and equipment of store rooms, cloak rooms and lavatories, and for the furnishing of

* An Approved Home is one in which defectives are received and supported wholly or partly by voluntary contributions or for private profit, and in respect of which approval has been granted by the Board of Control under Section 50.

† A Certified House is one in which defectives are received by the owner thereof for his private profit, and in respect of which a certificate has been granted by the Board of Control under Section 49.

a colony. The revised memorandum and the appendix with sketch plans are now available for Local Authorities and for others contemplating building schemes or making extensions or adaptations.

The aim of these variations in standard and of the revised suggestions has been, in the first place, to provide hygienic conditions for the care and nursing of a population susceptible to intestinal and other infections by making more adequate provision in sanitary sections; in particular arrangements are suggested to meet the special needs of low grade patients with defective habits. The further aim has been, by domestic planning, to increase the convenience and comfort of both patients and nurses with the minimum increase of the space required.

In both respects these plans have been based upon the actual experience and requirements of a modern colony. The suggested re-arrangement of the sanitary sections takes into account the varying needs of different grades of patients and modern practice as regards classification and should enable the nurse to care for each group with greater ease and under more hygienic conditions. The arrangements for storage, toilets, drying of clothes, cloak rooms, etc., meet the needs of the modern colony where individual outfits are provided for each patient and aim not only at saving unnecessary work and friction but at giving an opportunity for nurses and patients to take a pride in the daily domestic routine.

The Board believe that the medical and nursing experience gained in the past years, and now embodied by their architects in sketch plans, will be of value to Local Authorities in planning new colonies.

Local Authorities and medical superintendents are reminded that the revised memorandum is now available and contains information under the following headings :—

Section I. General Policy.

II. Sites.

III. Preliminary considerations.

IV. Suggested arrangement of a complete Colony.

V. Standards of accommodation.

VI. Construction of Buildings.

VII. Procedure in submitting proposals for consideration and approval.

The memorandum is provisional pending any alteration that may be necessitated as the result of the Departmental Committee now examining hospital standards.

4. COMMUNITY CARE.

(a) *Licence.*

On 1st January, 1937, there were 3,023 defectives on licence from institutions, 1,555 males and 1,468 females; an increase of 586 on last year's figures.

Figures from five of the older and well-established institutions show the numbers out on licence to vary from 8·6 per cent. to 17·9 per cent. of the total number of patients on the books. In one of these (the Royal Western Counties Institution) as many as 65 per cent. of the patients on licence are placed with employers whilst in another (Calderstones Institution) only 8 per cent. are with employers and 89 per cent. are in their own homes. The only institution from which any considerable numbers are placed out with foster-parents is the Royal Eastern Counties Institution where 31 per cent. of the licensed patients are too low grade to do paid work but, with well chosen licensees, can live harmlessly and happily in the community.

We would point out, however, that licence on this scale cannot be advocated unless ample provision is made for the supervision and occupation of the defectives who are sent out entailing, in many places, the appointment of additional supervising officers. Experience also confirms the belief that high grade defectives returning to their own homes are more liable to failure than those placed out in employment with good guardians.

The steady development during the past years in the practice of sending defectives out on licence shows that this is now an established and valued form of care. In view of the importance of the methods used by Local Authorities in developing their system of licence a memorandum embodying the experience gained has been drawn up by the Board and has been issued to Local Authorities with a covering circular (No. 835, dated May, 1937.) The memorandum is as follows :—

MEMORANDUM AS TO THE QUESTIONS TO BE CONSIDERED BEFORE MENTAL DEFECTIVES ARE GRANTED LICENCE ON TRIAL.

1. The selection of suitable patients is the first consideration. This is made easier in institutions and colonies where the organisation and training are planned with a view to fitting mental defectives for life in the community. Superintendents have opportunities for seeing how each patient deals with increased responsibilities and for judging when he is ready for a trial under less restricted conditions. A hostel, from which patients can be sent out to daily work, is found in many cases to be a necessary intermediate stage in preparing defectives for licence. It is usually undesirable to send trainable mentally defective children on licence to the care of foster-parents unless they will be within easy reach of a whole-time occupation centre. Patients of the lowest grade are generally better cared for in institutions than with foster-parents; they frequently require such medical and nursing attention as can only be provided in institutions.

2. The second matter of importance is the choice of a licensee and of an environment in which each defective's particular needs will be met. In order to place a defective well the officer responsible for finding the licensee should therefore know the defective or be supplied with full particulars concerning him. Occupation and industrial centres, arrangements for home training, and clubs, provide mental defectives living in the community with the occupation, training and recreation of which they are in need and render supervision more effective.

A form showing the particulars which it is suggested should be obtained in regard to the circumstances of the home to which it is proposed to send a defective on licence is enclosed. (*Not printed.*) Such information would materially assist local authorities and managers of institutions in their consideration of the suitability of the environment which will surround the defective while on licence.

3. Supervision is usually entrusted to officers of the local authority or to voluntary associations, or is undertaken by the medical superintendent or members of the institution staff. Such supervision work makes heavy demands on officers' time and calls for expert knowledge, judgment and tact. Licensees, as much as the defective, often need advice and help, and the success of licence schemes depends largely upon the practical nature of the help available to the licensee and the patient and upon the judgment used in deciding whether recall to the institution or any other action is advisable. Frequent visits to the licensee and the defective will be found to be desirable during the first months of licence, after which they can be decreased in accordance with circumstances. It is generally unwise to leave a mental defective without visitation for a period longer than three months.

4. In addition to lay visits, medical visits should be paid periodically and the arrangements for medical attendance in case of illness should be clearly explained to the licensee.

5. It is often difficult to see a patient who is in employment, and visitors are naturally unwilling to disturb him or to interfere with his prospects of employment by calling at his place of employment: thus it sometimes happens that such patients are not seen for long periods. Reports at second-hand from the licensee as to the patient's progress are not a sufficient safeguard: it is advisable in such cases that visits should be arranged out of working hours in order that an independent view may be gained as to the progress of the patient.

6. Patients on licence fall into two groups:—

(i) Those who are unfit for discharge but who can properly be permitted to remain in community care on licence from the institution, e.g., patients living with employers or foster-parents who are unwilling to accept the responsibility of guardianship.

(ii) Those who are on trial with a view to discharge. In this group will be found patients whose position needs periodical consideration with a view to deciding whether the Board should be advised to discharge the Order under the Mental Deficiency Acts. The existence of the Order may cause unnecessary hardship to some mental defectives or the hardship may be outweighed by the gain and security both to the defective and to the community that the Order carries with it. A fair decision can only be reached through an intimate knowledge of the patient's behaviour and environment whilst he has been on licence.

7. It appears to the Board that some local authorities, importuned by parents, allow high-grade defectives to return home on licence as potential wage-earners without adequate consideration having been given to their home surroundings. As a result the defectives often get into trouble and have to be recalled to the institution labelled as failures. Many defectives would stand a better chance of success if, instead of being allowed licence to their homes, they were placed under the influence of well-chosen guardians.

8. As regards children and lower-grade patients with good homes it is felt that local authorities might adopt a more elastic policy. It is to be hoped that, as parents see colonies being developed in their neighbourhood and begin to realise the value of institutional care, they will voluntarily ask for the admission of their mentally defective children to an institution for a

period of training. But this will not happen unless they feel that they will also be allowed a voice in the question of the child's return home. If, therefore, the parents' request is made with a genuine desire for what they regard as the child's benefit, the local authority may be well advised to agree. No great harm will be done, in the cases of low-grade defectives, if the parents are found to have made a mistake and the licence has to be withdrawn. The gain will be a co-operative attitude amongst the public instead of an antagonism aroused by what often appear to be arbitrary decisions.

9. Attention is drawn to the observations which will be found in the Board's Twenty-first Annual Report for the year 1934 (pages 55 and 56) as to the lack of organisation and of guiding principles, the result of which prejudices public opinion against the working of the Mental Deficiency Acts.

(b) *Guardianship (Section 30 (d)).*

The number of defectives under Guardianship on 1st January, 1937, was 3,729, an increase of 348 on last year's figures. It is of interest to note that 52·7 per cent. of these cases are in the statutory guardianship of parents.

Increase during 1935	...	...	298
1934	...	...	274
1933	...	...	251

(c) *Supervision (Section 30 (b)).*

The number of defectives under statutory supervision on 1st January, 1937, was 36,307, an increase of 1,467 during the year.

Increase during 1935	...	...	1,463
1934	...	...	1,456
1933	...	...	2,186

(d) *Voluntary Supervision.*

Defectives under voluntary supervision numbered 25,048, a decrease of 643 on last year's figures. This latter group includes defectives who are not subject to be dealt with under the Act but in whose cases some arrangement has been made for friendly visitation.

Increase during 1935	...	...	2,147
1934	...	...	879
1933	...	...	128

We have this year included in the table on page 42 the numbers of defectives per 1,000 of the population for whom each Local Authority has provided some statutory form of community care, i.e., licence, guardianship or statutory supervision. The discrepancy shown in some areas between the numbers ascertained to be subject to be dealt with and the numbers for whom care either in institutions or in the community has actually been provided has already been referred to and we have pointed out the need of following up ascertainment by suitable action. We realise that where extensive use

is made of voluntary supervision the position indicated by our figures alone may not give a true picture of the community care actually provided in that area. But statutory care implies the duty to provide suitable training, care and supervision and carries with it definite powers which are not applicable to voluntary care. We hope, therefore, that, after examination of these figures, Local Authorities will give further consideration to the use of statutory supervision and also to the means available for making it effective. In those areas where ascertainment is good and where the organisation for supervision includes trained visitors and is reinforced by day training centres and home training we have no doubt that some saving is being effected in the number of institutional beds ultimately required and that fewer defectives are drifting as failures into public assistance institutions, rescue homes and prisons.

In addition to the work now carried out in most areas through Local Authorities' own officers, the Guardianship Society, Brighton, and the Central Association for Mental Welfare continue to board out defectives from all parts of England.

The total number under the care of the Guardianship Society, Brighton, including psychotic and other cases, is now 754; the Society also administers two small training farms for lads who are afterwards placed out with farmers.

The Central Association for Mental Welfare reports that 84 new cases were placed during the year and 51 withdrawn, leaving 283 cases on the books at the end of the year. Of the 51 withdrawn 18 were discharged after trial on licence, 11 were transferred to other areas, 19 were recalled to Institutions and 3 died. A Leisure Club for the girls continues to be an important feature of this scheme.

The Guardianship Scheme in the North-Eastern Counties has now completed its first year and two social workers appointed by the Central Association for Mental Welfare are at work in the area. Seven authorities have agreed to participate in the scheme for another year and others may join later. The report shows the amount of preliminary work undertaken by the Guardianship Officers in order to start the scheme on a satisfactory footing. Interviews took place with many organisations, Institutions and Special Schools; explanatory talks were given to groups of women; Agricultural Wages Committees and Labour Exchanges were consulted and precautions taken to ensure no vacancy being used which might be filled by a normal person. These investigations disclosed a real need for girls in good farm homes and it was found that boys could be employed on farms.

The South Wales scheme for boarding out from Mental Hospitals, also started by the Central Association for Mental Welfare, is continuing for another year and now includes some mental deficiency work in Monmouthshire.

5. DAY CENTRES, CLUBS AND HOME TRAINING.

One hundred and eighty-nine centres are now functioning (1st January, 1937) as compared with 192 last year. These include :—

				Conducted by—	
				Voluntary Associations.	Local Authorities.
Occupation Centres ...	...	...	...	97	57
Industrial Centres and Classes	...	...	...	16	9
Clubs and Evening Classes ...	...	...	...	10	—
				<hr/> 123	<hr/> 66

Seventy-three occupation centres and 10 industrial centres are open for whole-time, i.e., 10 or 11 sessions weekly.

During the year several small centres have been closed or amalgamated; but new centres have been opened at Poole, Dagenham, Romford, Stretford, Ashton-under-Lyne, Cheadle, Ryde, Banbury and Portsmouth, while the centres at Lincoln and Wolverhampton were made whole-time, having previously been part-time centres.

One new club has been opened and two clubs have been closed.

The number on the registers of all centres on 1st January, 1937, was 4,021, as compared with 4,008 a year ago.

These numbers were classified as follows :—

				1937.	1936.
Under Statutory Supervision	...	...	...	2,812	2,849
Under Voluntary Supervision...	...	...	...	517	483
Under Guardianship	...	...	...	579	554
On Licence	...	...	...	113	122

Although a very small increase is shown this year in the numbers on the registers the general standard of work in the centres continues to improve. Five more whole-time centres are now in existence and the decrease in the total number is chiefly due to amalgamation between two or more centres effecting improvement both in premises and in administration.

Children attending centres have presumably all been excluded from public elementary schools and notified to the Mental Deficiency Authority under Section 2 (2) (a) of the Mental Deficiency Act, 1913. It is therefore surprising that on 1st January, 1937, an increase is to be seen in the number of voluntary cases and a decrease in number of statutory cases on the registers. Adults have also, in all probability, come within the scope of the Acts as a result of the need for training which cannot be provided in their homes. There is no reason, therefore, why both children and adults should not be dealt with statutorily. In advocating the fuller use of statutory supervision we have in view the advantage of securing continuity of care by the responsible authority rather than the need to acquire powers of compulsion. The willing co-operation of the pupils and of their parents is shown by the high average attendance in centres. But statutory supervision, whilst it in no way

interferes with this co-operative attitude, imposes certain duties on the Local Authority and relieves parents of the dread of leaving their child with no-one responsible for his care.

In many centres the supervisors still have to struggle against difficulties arising from poor accommodation, ventilation, lighting, heating, and lack of any out-door space for games and gardening; but Newport County Borough has now (1937) opened a centre specially built for the purpose, whilst Staffordshire County Council are about to start building operations, and Leeds County Borough are preparing plans for building. A number of other Authorities have bought and adapted suitable premises.

Another development of importance is the appointment, in the areas of some of the larger Authorities, of a supervisor responsible for the duty entrusted to the Local Authority under the Mental Deficiency Acts of the training of defectives living in the community. This includes training given in occupation centres and in industrial centres, home training and the formation of social clubs.

Home training is now being carried out by supervising officers or by special visiting teachers, in the following areas:—Birmingham, Buckinghamshire, Devon, Hastings, Huntingdonshire, Middlesex, Staffordshire, Suffolk, Sunderland.

Local Authorities interested in this important aspect of community care are referred to an article by Mrs. Anderson published in the issue of "Mental Welfare," for April, 1936, (reprinted separately by the Central Association for Mental Welfare) in which a practical account is given of the scheme in operation in Middlesex since 1929.

The improvement in the actual training and in the atmosphere of healthy activity in most centres is, we believe, largely due to the opportunities given to supervisors to obtain expert training in physical work and in various forms of handwork. The classes available are usually organised by Local Education Authorities and in the case of physical work, are taken by physical instructors on the Board of Education syllabus. Supervisors derive great benefit from this instruction and also from the opportunities afforded to them to attend the short courses organised by the Central Association for Mental Welfare (*see* page 73, where particulars of Training Courses are given).

The revised arrangements under the Milk Acts, 1934 and 1936, which were approved by the Minister of Agriculture and Fisheries on the 19th August, 1936, extended the scope of the milk in schools scheme to include occupation centres for mental defectives. Cheap milk can, therefore, now be provided for children under the age of 16 attending occupation centres and in many centres advantage has already been taken of this provision.

The number of centres under one authority varies from as many as 19 in Lancashire and 12 in Staffordshire, to one in many of the smaller areas. In considering their distribution the most striking

feature is their apparently haphazard development in relation to population. In some towns with over 200,000 inhabitants, training centres form an important part of the mental deficiency services, whilst in others of approximately the same size no whole-time centres have yet been opened. In much smaller towns too, we find some with a population of about 60,000 where flourishing centres exist whilst in others of the same size the practicability and usefulness of day training schemes are denied or have not been considered.

It becomes apparent that the need for the training of defectives living in the community often remains unrecognized until a centre has actually been started and an experienced officer appointed for the development of community training; then its usefulness becomes self-evident and expansion is only checked by lack of workers and of money. We know that some Local Authorities are deflected from incurring expenditure on defectives living in the community by their proper desire first to make sufficient institutional provision. But we wish again to express our view that day training is an essential service without which community care can never be fully effective. Day centres and home training are a supplementary and comparatively inexpensive form of care, in some cases preventing unnecessary admission to an institution and, in others, decreasing the length of stay by adding to the possibilities of licence.

6. DISCHARGES AND DEATHS.

Discharges.—The total number of patients discharged from Orders under the Mental Deficiency Acts during the year 1936 was 384.

The following table shows the numbers and methods of discharge for the past four years.

Number of Mental Defectives Discharged in the years 1933–1936, and reasons therefor.

Year.	By Board of Control.	Owing to nature of Special Report and Special Report and Certificate, or because not received. (Section 11).	Escaped and Orders lapsed.	On attaining age of 21. [Sec. 11 (2) (3).]	Total.
1933 ...	104	94	43	32	273
1934 ...	111	107	54	29	301
1935 ...	147	88	37	31	303
1936 ...	167	109	65	43	384

In their Report for 1934 the Board stated that it was proposed to ask Local Authorities to send further reports on certain discharged mental defectives, in order that the policy involved in dealing with discharges might be tested by the results recorded. At the request

of the Board six of the larger Local Authorities have agreed to follow up the careers of defectives discharged from orders during the years 1934, 1935 and 1936, if possible, for a period of ten years from the date of discharge.

Deaths.—The deaths which occurred during 1936 among the mentally defective patients in Institutions (excluding institutions approved under Section 37) and under Guardianship numbered 459, being 1·3 per cent. of the average number of patients resident. Of these deaths, 385 occurred in Certified Institutions, 6 in the State Institution, 9 in Certified Houses, 16 in Approved Homes and 43 among patients under Guardianship. The chief causes of death were : pneumonia (all forms) 86 (18·7 per cent. of the total number of deaths); tuberculosis (all forms) 67 (14·6 per cent.); epilepsy 64 (13·9 per cent.); and heart disease 57 (12·4 per cent.)

7. GENERAL SUBJECTS.

(1) *Inquiry on Epileptics.*

An inquiry carried out this year by the Central Association for Mental Welfare into the incidence of epilepsy and the conditions under which epileptics are living in the community has thrown some light upon some of their difficulties and needs. In an area with a population of about 476,000, 565 epileptics were discovered, i.e., 1·2 per thousand of the population; certain sources of ascertainment, however, were not available and 1·8 per thousand was thought to be a truer estimate of the incidence of epilepsy in this area. This number included epileptics classified as mentally normal, unstable, and mentally defective, but the report points out the difficulties of obtaining reliable information as to classification.

The investigation showed that help, including advice, education, occupation and employment was urgently needed, both by the epileptics themselves and by their families. The most pressing need was for the employment of epileptics whose disabilities prevent them from obtaining work in the open labour market.

The Central Association for Mental Welfare proposes to undertake, experimentally, some social work amongst epileptics in a selected area and to investigate the possibilities of home trades and of providing occupation in co-operation with the Council for the Promotion of Occupational Industries amongst the Physically Handicapped.

(2) *Holiday Homes.*

Holiday Homes have long been provided by some of the older certified institutions. The Royal Eastern Counties' Institution, the Royal Western Counties' Institution, Stoke Park, the Royal Earlswood, Besford Court and the Mutual Sanatoria, all provide holiday branches by the sea where patients are sent in parties for a change of scene and the break of institutional routine which help both patients and staff for the rest of the year to build up a more

natural life inside the institution. In the case of some small institutions also camps have been organized or lodgings taken during the summer months. The majority of institutions, however, make no regular arrangements to send patients away for holidays and the holiday homes organized by the Central Association for Mental Welfare during the past two years have been welcomed as meeting a very real need. Three homes at Bognor, Rhyl and at Seaford were in use in 1936 and a fourth at Redcar has since been opened. So great was the demand for beds during the summer months that applicants had to be refused owing to lack of accommodation.

This year for the first time groups of patients from mental hospitals (Chartham and Hellingly) were also admitted to these holiday homes. This in our view is a valuable experiment capable of further development to the advantage of many types of mental hospital patients.

(3) *Report on Crime and Mental Defect for the Years 1934, 1935 and 1936.*

In the Twenty-second Annual Report of the Board for the year 1935, it was stated that it was proposed to deal with the subject of mental defect and crime in greater detail when the figures for the triennial period 1934, 1935 and 1936, had been obtained. These figures have now been received and are dealt with below.

TABLE I.

Number of persons found guilty of criminal offences, dealt with as mentally defective, classified in age-groups.

Age-group.			1931.	1932.	1933.	1934.	1935.	1936.	Percent- age for 1936.
Under 14	...	...	11	12	17	21	32	30	8·0
14-15	...	...	31	31	24	40	53	47	12·8
16-20	...	...	139	153	134	162	161	161	43·9
21-29	...	...	83	77	65	80	112	85	23·3
30 and over	...	...	42	40	38	31	43	44	12·0
			306	313	278	334	401	367	100·0

The number of mental defectives dealt with for criminal offences during the year 1936 has decreased slightly on the 1935 figure, the main decrease being found in the age-group 21-29. The figures for the remaining age-groups are fairly constant, the number for 1936 in respect of the age-group 16-20 being identical with that for 1935—161. This age-group still contains the highest percentage of the cases. Adolescence is the period when the high-grade defective,

if left unprotected, is most likely to get into trouble, and all our evidence points to the likelihood that the majority of these boys and girls left school with their defect unrecognized. More thorough ascertainment by Local Education Authorities, and better methods of after-care by Mental Deficiency Authorities might do much to prevent crime amongst young defectives.

The figures given in Table I are not, however, a true indication of the total number of mental defectives who have committed criminal acts during the years in question. The attention of the Board has been drawn on occasions to cases of mental defectives who have been sent to Institutions in pursuance of Orders under Section 6 of the Mental Deficiency Act, 1913, on the score that they are "found neglected" or that their cases have been notified by the Local Education Authority. The Case Notes, however, reveal that the reason why the defective has been sent to the Institution is that he has appeared before a Court charged with an offence. The case of F. H. H. is typical. F. H. H. came before a Petty Sessional Court charged with indecent assault. The Magistrates found that he was by reason of his mental defect unfit to plead. They did not, therefore, proceed with the hearing of the case, but instructed the Local Authority to deal with him under the Mental Deficiency Acts. As the defective had not been "found guilty of a criminal offence," the Local Authority advance, as the reason why the defective was subject to be dealt with, that he was "found neglected."

The case of S. P. is similar. It was stated that S. P., aged 17 years, was subject to be dealt with because his case had been notified by the Local Education Authority under Section 2 (2) (b) of the Mental Deficiency Act, 1913. The Case Notes, however, show that the defective had been found guilty of carnal knowledge of a girl aged 15 years. Instead of making an Order under Section 8, the Court adjourned the case for a week, with the request that the Local Authority would deal with it under the Mental Deficiency Acts in the meantime.

TABLE II.

Type of institution or care to which criminal defectives were sent, expressed as percentages of the total.

	State Institution.	Certified Institution.	Public Assistance Institution.	Guardianship.
1931	6·9	63·8	27·0	2·3
1932	3·8	71·9	20·8	3·5
1933	4·7	80·6	12·2	2·5
1934	4·5	74·1	17·4	4·0
1935	4·5	84·5	8·2	2·8
1936	4·6	71·7	21·5	2·2

It will be seen that there is an increase in the use for the reception of criminal mental defectives of Public Assistance Institutions approved under Section 37 of the Mental Deficiency Act, 1913. Until 1935 there had been a fairly progressive decrease in the use of Public Assistance Institutions, due in the main to the provision by Local Authorities of their own colony accommodation. In the year 1935 only 8·2 per cent. of mental defectives went to Public Assistance Institutions : in 1936 the figure had risen to 21·5 per cent. This increase is to be deplored as public assistance institutions are seldom provided with facilities for the adequate treatment of mental defectives with anti-social tendencies. We recognize that many Local Authorities are at present placed in a difficult position. The managers of contract institutions can select their cases and as a rule are unwilling to take troublesome patients, whilst in the Local Authorities' own colonies, as long as they are incomplete and the possibilities of classification limited, the admission of mental defectives with a criminal history may have a harmful and disturbing influence on the other patients. These difficulties can only be met as Local Authorities complete their plans for the admission, in properly classified groups, of all types of mental defectives to their colonies; in the meantime it is desirable that Local Authorities should make every effort to send defectives dealt with under Sections 8 and 9 of the Mental Deficiency Act, 1913, to fully staffed and equipped institutions, where they can be given the special care that they are likely to need.

TABLE III.

Percentage of cases dealt with (a) by Courts under Section 8; (b) by the Secretary of State under Section 9.

—							(a)	(b)
1931	...	...	...	...	...	...	85	15
1932	...	...	...	...	...	...	89	11
1933	...	...	...	...	...	...	91	9
1934	...	...	...	...	...	...	93	7
1935	...	...	...	...	...	...	88	12
1936	...	...	...	...	...	...	88·6	11·4

It will be seen that the figures as regards the cases dealt with (a) by Courts under Section 8 and (b) by the Secretary of State under Section 9 are fairly constant. There is still no explanation as to why so many defectives are sent to imprisonment without their mental condition having been ascertained, that is to say, why the Court did not itself call for medical evidence when dealing with the delinquent and decide to take advantage of the power conferred by Section 8 of the Act. The medical certificates sent to the Board by the Prison Commissioners seldom suggest that doubt should have

existed as regards the prisoner's mental condition but, as we have previously stated, the cases which form the subject of Orders under Section 9 of the Mental Deficiency Act, 1913, are generally defectives who have committed serious offences. It appears that some Courts hold the view that, because the offence is a grave one, the procedure outlined in Section 8 of the Mental Deficiency Act, 1913, is not appropriate and—no matter how mentally subnormal the prisoner—the proper course to take in regard to him is to send him to prison and leave to the Secretary of State the question of his removal elsewhere.

TABLE IV.

Percentage of cases of criminal mental defectives (a) previously ascertained by Local Authorities under Section 30 (a) ; (b) previously attending elementary schools; or (c) previously attending special schools.

—	Previously ascertained.	Previously attending elementary schools.	Previously attending special schools.	Non-attendance at any schools.	Not known.
1934 ...	32·4	71·2	28·8	0·0	—
1935 ...	30·0	70·8	28·4	0·8	—
1936 ...	26·7	71·6	24·8	2·2	1·4

The Board observe with concern that the majority of the defectives who have committed criminal offences have not previously been known to the Authority. There is a slight but progressive decrease in the number of patients whose cases have previously been ascertained by Local Authorities. The number previously attending elementary schools remains fairly constant at 71 per cent. : it has not been possible to ascertain at what type of school the patient attended in 1·4 per cent. of the cases.

The small percentage of cases previously ascertained (26·7 per cent.) draws attention to the need for further consideration of the primary duty of ascertainment. The fact that 71·6 per cent. of the defectives previously attended elementary schools suggests that Local Education Authorities are not ascertaining the children within their areas who are mentally defective and whose cases ought to be reported to the Mental Deficiency Acts Committee. In our Annual Report for the year 1935 we drew attention to the hiatus which exists in regard to defectives who leave elementary schools at the age of 14 years and whose cases cannot therefore be statutorily notified to the Mental Deficiency Acts Committee : the Board of Education memorandum to Local Education Authorities will be found on pages 78–79 of our Annual Report for the year 1935 and we would again take this opportunity of drawing the attention of all Authorities to the advice given in that memorandum.

TABLE V.

Distribution of offences committed by mental defectives in the years 1934, 1935 and 1936.

	1934.	1935.	1936	Total.
Murder and infanticide	—	—	1	1
Attempted murder or wounding ...	6	—	2	8
Arson	3	3	4	10
Rape, incest, indecent assaults and exposure	90	96	98	284
Robbery or assault	3	10	17	30
House breaking and burglary ...	21	34	32	87
Larceny	125	110	109	344
Bicycle stealing	32	5	2	39
Attempted suicide	3	4	1	8
Loitering	15	11	16	42
Prostitution (soliciting)	1	2	1	4
Cruelty and neglect of children ...	4	3	3	10
Cruelty to animals	1	—	1	2
Sleeping out (without visible means of support) vagrancy and begging ...	22	15	8	45
Miscellaneous offences ,	8	108	72	188
Totals	334	401	367	1,102

The table shows the large number of defectives who commit sexual offences: more than 26 per cent. of the total number of offences committed during the triennial period 1934 to 1936 were in regard to sexual cases. The prevalence of this type of offence and its gravity must become evident to all persons who are engaged in the administration of the Mental Deficiency Acts. The Board trust that the observations which they have submitted in previous paragraphs of this Report in regard to the duty of ascertainment will be carefully borne in mind by all Mental Deficiency Acts Committees of Local Authorities.

8. STATE INSTITUTION.* (*Rampton and Moss Side.*)

(1) *Rampton.*

We have received the following report from Dr. Schneider, the Medical Superintendent of the State Institution at Rampton :—

“ *Numbers resident.*—

	Men.	Women.	Boys.	Girls.	Total.
1st January, 1936 ...	611	470	32	29	1,142
31st December, 1936	641	457	32	29	1,159

“ *Admissions.*—The number of admissions in 1936 was 86 males and 70 females; 4 males and 7 females of these were admitted to

* An institution for defectives of dangerous or violent propensities established and maintained by the Board of Control under the provisions of section 35.

the children's section; 10 males and 4 females included in the figures were received on licence.

“ The following table shows the sources of these admissions :—

						Males.	Females.
Certified Institutions ...	...	...	...	...	...	33	39
Institutions under Section 37			...	...	...	14	17
Moss Side State Institution ...	...	...	...	...	...	12	2
Section 9 cases ...	...	...	...	...	...	8	3
Section 8 cases ...	...	...	...	...	...	4	2
Mental Hospitals	...	...	...	...	...	1	1
Places of Safety	...	...	...	...	...	2	2
Own Homes ...	...	...	...	...	...	2	—
On licence from Institutions ...	...	...	...	...	...	10	4
Total admissions ...						86	70

“ As in previous years, there was a marked preponderance of feeble-minded over imbecile and idiot patients among the admissions; the actual figures were 119 feeble-minded and 23 imbecile and idiot.

“ *Discharges.*—Three males were discharged while on licence. Orders under the Mental Deficiency Acts were allowed to lapse in the case of 4 males and 6 females who had been transferred to Mental Hospitals (Section 16) and in the case of one man who had absconded.

“ *Transfers.*—Eighteen males and 48 females were transferred to Moss Side; 13 males and 14 females improved sufficiently for transfer to certified institutions or to institutions approved under Section 37.

“ *Licence from Rampton.*—Three male and 8 female patients were granted licence of varying periods during the year. There were 8 patients away on licence at the end of the year.

“ *Section 16.*—Thirteen males and 8 females were removed to Mental Hospitals under Section 16.

“ *Absconders.*—Thirteen males absconded, all of whom were returned. No females absconded.

“ *Deaths.*—Three males and two females died. The causes of death were—epilepsy 1, acute haemorrhagic pancreatitis 1, accident (one while on licence) 3, suicide 1. The death rate was 4·3 per thousand.

“ *General Health.*—The general health of the patients was very good this year. There was an outbreak of dysentery in November, for the first time in the history of the institution; only 12 cases occurred, the disease was clinically very mild, and it did not spread.

“ Two additions were made to the Consultant Staff, in the persons of Professor Graham Simpson, surgeon, and Professor Miles Phillips, gynaecologist, both of Sheffield.

“ The Committee had in 1935 decided to issue an extra $\frac{3}{4}$ -pint of milk a day to each patient in the children's section; this is given

at bed-time and the children appear to sleep much better for it, besides being improved in their general health and resistance to infection.

“The few cases of tuberculosis in the institution are nursed on verandahs; when the condition is quiescent they work in the gardens. There were no deaths from this disease in 1936.

“The low death-rate of 4·3 per 1,000 is an indication of the standard of health of our population.

“*Occupation.*—This is our chief interest. If there were any doubt about the value of occupational treatment for violent defectives, the atmosphere of happiness and serenity which is found in our workshops would soon dispel it. It is only the occasional fracas which reminds us of the unstable material we deal with, and of the fact that without occupation we should have pandemonium.

“The electric kiln which was installed this year is a delight to the hearts of the potters. The girls have been learning for some time to prepare the clay (dug from our own soil) and to throw shapes on the wheel. But they have seen the furnace ‘lead metal into gold transmute.’ This is almost true, for the dull brown earth comes out of the kiln a delicate golden red. Hrafn Ware promises well. Hrafn was the Saxon saint who gave Rampton (and our pottery) his name.

“Another important development in the female workshops is the handling of Angora wool. The rabbits have increased from two to twenty-five. The wool is now combed from them and spun and knitted into most attractive garments. Spinning is a peculiarly soothing occupation; the girl who is doing it enjoys far more repose than she could ever obtain from sedative drugs.

“It is gratifying to watch the steady improvement in our low-grade female adults. There are more than 60 of them in the class, which has industry and healthy concentration of mind for its key-notes. This class is an object lesson to any who believe that there are any human beings at all who cannot be rendered happier and better by the patience and skill of those who train them.

“The new workshop adjoining the most difficult male patients’ block has proved a great success. Printing, leather and rubber mats, papier-mâché, envelope-making, book-repairing and painting are all being done on a modest scale. It will take some time to develop the public spirit which exists in the other workshops, but already employment has been provided for many men who formerly could not be trusted out of the ward.

“In April a workroom designed for the purpose was opened in the Willows Villa. A similar room was already in use in the Hawthorns, where some twenty men suffering from chronic encephalitis lethargica are engaged in making paper bags, cardboard egg-boxes, fibre mats, fretwork models, etc. A like number of

low-grade men of schizoid diathesis have now been brought under instruction in the Willows with good results.

“The metal-workers have made a start upon wrought-iron work. The lads in this shop have taken great pleasure in making scientific instruments, such as a perimeter and a shaker for emulsifying bacteria.

“Enthusiasm for wood-carving has been re-awakened in the Carpenter’s Shop, and we now look forward to the day when they will produce a carved reredos for the Altar in the Chapel.

“The talks by outside lecturers were extended. In the Cedars Villa the lectures on world affairs have been replaced by a course of talks on elementary science, alternating with discussions on literature, while the former lectures have been given to a group of older men. All these have been well attended, and are very popular with the patients.

“A Headmaster and an assistant Mistress were appointed to the School, and work there proceeds apace.

“The boys under 16 gave a display of physical training at the Annual Sports. Everyone commented on their smartness and zeal.

“The little girls have much enjoyed the use of the paddling pool. The adult patients in the knitting room made them a variety of bathing costumes, which added tremendously to the fun of splashing about in the water and basking in the sun.

“The Troop of Boy Scouts provided the Chinese Episode in the Pageant given by local troops at Babworth Hall on Easter Monday, and did us much credit.

“The Girl Guides have had several outings, including a Church Parade in Retford on Empire Day.

“‘Cubs’ have now been formed and the ‘Brownies’ are carrying on in the children’s villas.

“Male and female patients united to give a concert at the beginning of the year; this was a Variety Concert which was very highly praised by all who heard it.

“The Nativity Play at Christmas was up to the high standard reached in previous years.

“*Staff.*—Apart from a mild epidemic of influenza, the staff have enjoyed good health.

“During the year 14 attendants and 15 nurses obtained the certificate of the Royal Medico-Psychological Association in nursing mental defectives, while 3 attendants and 5 nurses passed the preliminary examination for the certificate.

“Eight attendants and 20 nurses obtained the First Aid certificates of the St. John Ambulance Association.

“The staff were highly delighted with lectures by Miss Darwin on the Extra-institutional Care of Defectives, by Dr. Rees Thomas on Occupational Therapy, and by Sir Arthur Hall on Encephalitis Lethargica (illustrated by lantern slides). In all these cases there

was lively discussion afterwards, which showed, if proof were needed, how much the visits of these eminent authorities were appreciated.

“ All the usual games have been played with keenness and vigour, and I am glad to note the very happy relationship between the staff and visiting teams, especially from some neighbouring mental hospitals.

“ The staff gave a performance of ‘ The Pirates of Penzance,’ in April.

“ I have a high opinion of the work of the staff; they have maintained that friendly and sympathetic attitude towards the patients which has always impressed me so favourably, and I am grateful to them for the very large part they play in the successful running of the institution.”

(2) Moss Side.

We have received the following report from Dr. Gostwyck, the Medical Superintendent of the State Institution at Moss Side :—

“ The table below shows the changes which have taken place in the numbers under care during the year 1936.

		<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Numbers resident, 1st January, 1936	...	117	49	166
Numbers resident, 31st December, 1936	...	117	86	203
Admissions	... ..	18	48	66
Transfers	... ..	17	9	26
Discharges	... ..	0	1	1
Sent on licence	... ..	2	3	5
Returned from licence	... ..	0	1	1
Absconders	... ..	6	2	8
Returned from absconding	... ..	6	2	8
Deaths	... ..	0	1	1
On licence 1st January, 1936	... ..	1	4	5
On licence, 31st December, 1936	... ..	2	4	6
Absconders, 1st January, 1936	... ..	2	0	2
Absconders, 31st December, 1936	... ..	2	0	2

“ *Admissions.*—All the patients admitted were transferred from Rampton.

“ *Transfers.*—Twelve men and two women were transferred to Rampton. Five men and six women were sent to certified institutions and one woman was transferred to guardianship.

“ *Licence.*—One man and four women were on licence at the beginning of the year. Of these one woman was discharged and one woman absconded and was returned direct to Rampton. The other two women and one man remain on licence. Two men and three women were sent out on licence during the year. One woman was transferred to guardianship and the remainder are still on licence at the end of the year.

“ *Deaths.*—One female patient died of chronic valvular disease of the heart.

“The general health of the patients has been good. There were no epidemics.

“The patients have been usefully engaged in the regular occupations and general work of the institution.

“A class of male patients has been started composed of those lads who require special tuition on account of their low mentality. The training they have received is beginning to show its benefit by a reduction of their aimless restlessness and some improvement of their general behaviour.

“The fostering of the work habit is an important factor in the training of mental defectives. This habit grows slowly and is easily broken in the earlier stages, but many of our patients now show a preference for regular employment accompanied by an improvement in behaviour and outlook which may lead to their transfer to other certified institutions or to licence.

“Football and cricket are played regularly by the male patients and many matches have been played with visiting teams from the surrounding district. On several occasions a large number of the male patients went to Maghull to watch league and cup matches which is a much prized privilege.

“The female patients are not so active, and this perhaps is due to the fact that less than 20 per cent. are below the age of 30. Hockey and rounders are played regularly but the majority prefer indoor and quieter games.

“Several local Concert Parties gave very enjoyable performances during the winter months. The Pictures were up to a very satisfactory standard. Whist drives and the weekly dances are well attended and the Annual Sports day for patients was held in August—all patients had tea on the field.

“The Scouts and Guides, numbering 12 each, are doing well. They appreciate their parole outside the grounds.

“The Farm and Garden give employment to a large proportion of the male patients who have become enthusiastic over their crops and discuss prospects with interest. A plentiful supply of fresh vegetables is continuously available.

“One ward, F.3., was opened during the summer for 40 female patients transferred from Rampton.

“A Cold Store in connexion with the Stores department has been completed and is proving a valuable asset.

“During the year several residents in Maghull very kindly sent gifts of playing cards, magazines and plants to the institution.

“The certificate of the Royal Medico-Psychological Association in nursing mental defectives was obtained by one attendant and one nurse. Eight attendants passed the preliminary examination.

“Miss M. McMullon retired on 31st December, 1936, after 21 years' service under the Board as Matron at Farmfield, Rampton, and Moss Side State Institutions.

“ I wish to thank all the members of the staff for their loyalty and helpful co-operation in the work of the institution.”

9. CENTRAL ASSOCIATION FOR MENTAL WELFARE.

The Central Association for Mental Welfare receives a grant from every Local Authority payable on a basis of population (Section 102 of the Local Government Act, 1929), for the development of social, educational and administrative services amongst the mentally handicapped. The Association works in active co-operation with Local Authorities and with Local Mental Welfare Associations and is in touch with Government Departments. At the beginning of the year there were 51 local associations affiliated to the Central Association for Mental Welfare covering the areas of 25 County Councils, 43 Borough Councils and 166 Local Education Authorities.

Reference has already been made to the work carried out by the Association in the organization of short courses for teachers and social workers (p. 59); of guardianship and boarding-out schemes in Hertfordshire, the North-Eastern Counties and in South Wales; of occupation centres and home training in Middlesex; and of the development of holiday homes. In addition the Association serves as a clearing house for consultation and advice on many questions relating to mental welfare and carries out useful propaganda work through conferences and the publication of “ Mental Welfare.”

Special services undertaken by the Association are the supervision of certain cases on leave from Broadmoor, by arrangement with the Home Office, and the after-care of selected prisoners who have received psycho-therapeutic treatment at Wormwood Scrubs. The loan service of educational psychiatrists has been further developed and this year 8 areas have been visited for a period varying from 3 to 6 months. The services of a travelling speech therapist and of an occupational organiser are also available through the Association.

III.—GENERAL.

1. TRAINING COURSES AVAILABLE IN MENTAL HEALTH WORK.

(a) *Courses of instruction for medical practitioners.*

(1) The diploma in psychological medicine is granted by the following bodies with varying requirements as regards residence or attendance in recognized teaching schools and hospitals :—

University of Belfast.
University of Dublin.
University of Durham.
University of Edinburgh.
National University of Ireland.
University of Leeds.
University of London.
University of Manchester.
Conjoint Board of England.
Conjoint Board of Ireland.

The only bodies specifically accepting residence in a mental deficiency institution as an alternative to residence in a mental hospital are the University of London, the Conjoint Board of England and the University of Dublin. Other bodies, however, refer in their regulations to “approved hospitals” and it is likely that some would approve of residence in a mental deficiency colony.

We understand that the difficulties at present experienced by medical officers in mental deficiency institutions in obtaining the diploma in psychological medicine are under consideration by some of the examining bodies concerned.

(2) A yearly course for medical practitioners is arranged by the University Extension and Tutorial Classes Council of the University of London in co-operation with the Central Association for Mental Welfare. The course is divided into two parts, the first extending over a fortnight and the second one week.

The requirements for the University of London Post-graduate Diploma in Psychological Medicine are taken as the basis for Part I of the Course which is intended for qualified medical practitioners, more especially for those who are engaged as school medical officers, certifying officers to Local Authorities, or as medical officers of institutions and others concerned with the care of subnormal or abnormal persons. Lectures, clinical work, visits to institutions and mental testing are included in the course.

A certificate of attendance is granted by the University to those students who attend both the lectures and the practical work included in the course.

Part II is intended for medical practitioners wishing to gain an insight into modern methods of diagnosis and treatment in dealing with problem children.

(3) A part-time course has recently been arranged by the School of Hygiene and Tropical Medicine, similar in character to Part I of the London University Course mentioned above but spread over a period of about four weeks in order to fit it into the time table of a course for the Diploma in Public Health, which may be taken concurrently, and to make it available for medical officers who cannot attend a full-time course. Attendance at this course is limited to medical officers in or near London. Medical officers who have attended at Part I of the London University Course or at the Course arranged by the School of Hygiene and Tropical Medicine are approved by the Board of Education as certifying officers under Section 55 of the Education Act, 1921, and Section 31 of the Mental Deficiency Act, 1913. Attendance at either course qualifies for admission to Part II of the London University Course.

(4) In 1935, a refresher course was organized by the Royal Medico-Psychological Association and held at the Central Pathological Laboratory at the Maudsley Hospital. The course lasts for a fortnight and is designed primarily for medical officers employed in mental hospitals. It consists of lectures, discussions and visits to institutions for clinical demonstrations. Arrangements are being made by the Royal Medico-Psychological Association and the London County Council for a similar course to be held this autumn.

(b) Training for Mental Nurses and Nurses of Mental Defectives.

(1) Registered Nurses under the General Nursing Council.

The full training for a mental nurse or for a nurse of mental defectives covers a period of three years in a complete approved training school for mental nurses or for nurses of mental defectives approved by the General Nursing Council or four years in an affiliated training school.

At least six months bedside nursing must be included.

A candidate is exempted from one year's training if she has already had her name included in any part of the Register.

In order to qualify for this separate section of the General Nursing Council's register nurses must pass the preliminary examination as for general nurses, and the final examination for mental nurses and for nurses of mental defectives. The final examination for mental nurses and for nurses of mental defectives differs in some respects.

The training is open to male as well as to female nurses.

The examination fees are two guineas for the preliminary and three guineas for the final examination.

In order to qualify for approval for training in mental nursing and for nurses of mental defectives a hospital must satisfy the General Nursing Council that it furnishes adequate material for training and provides the requisite staff and equipment for teaching in accordance with the prescribed syllabus.

(2) *Certificate of Proficiency of the Royal Medico-Psychological Association.*

Candidates for the certificate of proficiency in mental nursing or in the nursing of mental defectives are expected to have had three years' training in a mental hospital or in an institution for mental defectives; they are required to sit for a preliminary and for a final examination, but candidates who have completed their general nursing training are exempted from the preliminary examination.

The syllabus for the final examinations is different for the two sections; in the final examination nurses of mental defectives may present themselves for examination in one or more of the following subjects:—bedside nursing; special methods of teaching mentally defective children; the teaching of mentally defective adults; physical training, dancing, indoor and outdoor amusements.

The fee for the preliminary examination is 7s. 6d., and for the final examination 10s. The charge for the certificate of the Association is 5s.

The Association considers individually all applications for the approval of certified institutions as a training school, but the only definite conditions laid down are that there should be at least 50 beds; that the training, including lectures by a medical man, should be given in the institution itself; and that there should be a member of the staff qualified to assist in the teaching.

Applications for recognition as a Training School should be made to the Secretary of the Educational Committee of the R.M.P.A., giving details of the number of patients, medical staff, nursing staff, etc.

(3) A scheme has recently been put into practice at The Retreat, York, for training girls for the higher administrative posts in mental nursing. The course of training is planned in such a way as to be suitable for girls of 17, of good secondary school education, who are still too young to be taken on as probationers.

Eight student nurses can be accepted each year for a two years' course of training. Their status is that of probationer nurses; their pay is £12 per annum with board residence and laundry. Student nurses must attend classes in anatomy, physiology, hygiene, first aid and occupational therapy. They spend a period of their two years' training under the matron and under the housekeeper; in the occupation centre; in the kitchen; in the laundry, and in the wards. After the two years they can become probationers or go to take their general training.

For girls wishing to take up mental nursing as a career this scheme has the great advantage of making good use of the years from 17 to 19 when they are not, as a rule, accepted for mental hospital training.

(c) Training for Occupational Therapists.

(1) Dorset House School of Occupational Therapy, Clifton Down, Bristol. Medical Director, Miss Elizabeth Casson, M.D., D.P.M.

Men and women students are admitted to the special courses for the Dorset House School Diploma in Occupational Therapy. Men students are non-resident. The course takes two years, except for certificated nurses who can take a shortened course, and includes lectures on anatomy, physiology and psychology, and the application of occupational treatment to various diseases and conditions; handicrafts; and the organisation of recreations, dancing, etc.

The lectures and instruction are carried out at Dorset House and a practice is arranged at other hospitals and institutions including Upton (Cheshire) and Clifton (North Riding) Mental Hospitals. Eleven students are now in training at the School. Of the 17 students who have taken the course all found good posts at once and 14 are now in posts in mental hospitals or other institutions.

(2) A year's training course is held at the Maudsley Hospital (London County Council) and includes lectures on the theory and practice of occupational treatment and the relevant aspects of psychiatry, physical training, arts and crafts at the Camberwell School, and clinical experience at the Maudsley and in other hospitals and mental deficiency institutions.

(3) A training course is held in the Cheshire County Mental Hospital, Parkside, Macclesfield. Four pupils can be accepted for a period of two years' training; their education must be of matriculation standard and some previous training in an art school is preferred. Pupils are paid as probationer nurses and attend the lectures given to the nurses in anatomy, physiology, hygiene, nursing, physical and mental disorders and psychology. Instruction is given by the occupation officers and by visiting instructors in handicrafts, physical exercises and dancing.

(4) A course of training of two years' duration has recently been organized at the Occupational Therapy Centre, 187A, Tottenham Court Road, W.1. A diploma is granted to students who have completed the course and who have passed the prescribed examinations in Arts and Crafts, the theory of mental and orthopaedic diseases and Margaret Morris Movement for Physical Training.

(5) The Royal Medico-Psychological Association has recently instituted an examination for a certificate of proficiency in occupational therapy which will probably be held next year for the first time. Only nurses holding the R.M.P.A. certificate or the General Nursing Council certificate in mental nursing may enter for the examination; all candidates must have completed a prescribed course of training at a school approved for the purpose by the R.M.P.A. The period of training is two years and is taken by

nurses concurrently with their nursing training; in special circumstances an intensive course of training may be completed in not less than six months. The course consists of 20 lectures, 12 class demonstrations and instruction, and 290 sessions of practical work with patients. Candidates are examined in three major and six minor occupations chosen by them from a given list of handicrafts.

Hospitals wishing to be approved for practical examinations must satisfy the R.M.P.A. regarding equipment and facilities. The entrance fee for the examination is 2 guineas and for re-examination 1 guinea.

(6) In the course of this year an Association of Occupational Therapists has been formed and a sub-committee is now engaged in drafting proposals for an examination in Occupational Therapy.

(d) Training for Psychiatric Social Workers.

A course of a year is organized by the London School of Economics for social workers who wish to take up posts demanding a special knowledge and experience of mental health and disorder in adults and children. A certificate is given to successful candidates on completing the course.

The course includes theoretical work designed to give the student such knowledge of psychiatry and psychology as may be applicable to the special functions of the social worker; but a large proportion of the time is devoted to practical work. The academic work is closely connected with the practical work which is arranged in co-ordination with the medical and social supervisors on the staff of the Maudsley Hospital, the London Child Guidance Clinic and the Central Association for Mental Welfare.

Opportunity is given during the third term for some degree of specialisation in work with children or adults or mental defectives.

Preference is given to candidates who have taken a social science Certificate or a Degree in Social Science and who have had experience of social work.

Local Authorities or hospital committees have sometimes seconded a suitable worker in their employ for a year to take this course.

(e) Courses for Persons Engaged in Teaching and Training Mental Defectives.

(1) A three weeks' course is organized by the Central Association for Mental Welfare in London every summer for teachers and nurses employed in occupation centres, institutions, or in home teaching. Special attention is paid to methods of training suitable for low grade defectives. The course includes lectures on mental deficiency, on principles of training and speech defects; classes for handicrafts and for musical and rhythmic training and visits to centres, schools and institutions. No examination is held but a certificate of attendance is given for students who attend the complete course.

Students are advised if possible to supplement the course by spending a week in a certified institution.

(2) The Central Association for Mental Welfare organizes on behalf of the Board of Education an elementary and an advanced course of three weeks in July and September for teachers of retarded children, i.e., of children who are defective, dull or backward, or maladjusted and showing defects in conduct. The elementary course this year will be held in Leeds and the advanced course in London.

Applicants for admission to the elementary course must hold teaching qualifications or satisfy the Board of Education that they have had special training and experience to enable them to profit from attendance at the course. Applicants for admission to the advanced course must ordinarily have attended the elementary course in a previous year.

The aim of the courses is to give teachers of retarded children an opportunity of studying the various aspects of the training and education of the whole group of retarded children, including those who show abnormalities of conduct. Lectures, demonstrations and visits are arranged. Attendance at these courses is a valuable qualification for trained teachers employed in certified institutions.

(3) A nine weeks' course for teachers of retarded children is organized by the Central Association for Mental Welfare and is approved by the Board of Education as a qualification for the recognition of teachers in special schools.

The course is directed towards the medical and psychological aspects of retardation and of mental defect, the diagnosis of educational disabilities and the principles of remedial teaching. It includes visits to special schools, a period of nine days spent in a school, and lectures and demonstrations on the use of educational tests.

Only certificated teachers are as a rule eligible for this course.

(f) Courses for Officers of Local Authorities and Local Associations Engaged in Mental Deficiency Work.

(1) A course of three weeks, synchronising with the course for teachers in centres and institutions, is organized by the Central Association for Mental Welfare for officers employed by Local Authorities or by Voluntary Associations for health visitors and for others engaged in the supervision and ascertainment of defectives. The course is essentially practical in its nature; students are advised to supplement it by a week's work under an experienced mental deficiency officer in a well-organized office in an area approximating to their own.

The course includes lectures on the medical, legal and administrative sides of mental deficiency and on the principles of training; practical work in an office; home visiting; boarding-out and guardianship; keeping of records, etc. No examination will be

held, but a certificate of attendance is given to students who attend the whole course.

(2) By arrangement with the College of Nursing the Association has this year arranged a short course of training for health visitors undertaking duties under the Mental Deficiency Acts.

(g) *Course for the Senior Staff of Children's Homes.*

A course lasting $4\frac{1}{2}$ days is this year being organized by the Child Guidance Council for matrons, superintendents, teachers and senior nurses in Homes and Residential Schools. The lectures and discussions centre round questions of Child Psychology. Lectures on the care of the young child and of senior boys and girls (14 to 18) and on practical questions relating to the management of a Home, diet and the training of junior staffs, are included in the syllabus which is so planned as to provide alternative lectures for those who wish to study different aspects of the work. Although not intended primarily for the staff from homes for mentally defective children much of the ground covered would be common to all homes for children and adolescents.

The Child Guidance Council has also organized a short vacation course for teachers, social workers, medical officers and others interested in Child Psychology. Study groups were formed to consider intellectual development in relation to behaviour in different age-groups.

2. FINANCE.

The costing returns for the year ended 31st March, 1936, in respect of County and Borough Mental Hospitals and Certified Institutions for Mental Defectives established and maintained by Local Authorities have been published as a separate document* and circulated to the Authorities concerned.

These returns set out the average weekly cost per patient in detail under the different heads of expenditure for each Hospital or Institution. The total net cost (excluding capital expenditure defrayed out of revenue) for each of the two groups of institutions as a whole is as follows:—

	Year ended 31st March.	Amount.	Average per patient per week.	
		£	s.	d.
Mental Hospitals ...	1935	8,500,947	26	1·6
	1936	8,783,900	26	6·6
Certified Institutions ...	1935	1,100,558	27	8·9
	1936	1,248,369	28	2·2

* Board of Control Costing Returns for the year ended 31st March, 1936.
H.M. Stationery Office. 9d. net.

3. PROSECUTIONS.

Two prosecutions undertaken under our Order resulted in convictions :—

R. v. Frederick Clowes.—The defendant, a nurse at Derby Borough Mental Hospital, was convicted by the Derby Borough Justices on 17th April, 1936, of ill-treating a male patient at that Hospital, contrary to the provisions of Section 322 of the Lunacy Act, 1890, and fined £2 including costs.

R. v. Fred Doddrell.—The defendant appeared before the Justices sitting at Wealdstone on 19th May, 1936, in answer to a charge preferred against him under Section 315 (1) of the Lunacy Act, 1890. He was convicted and fined £10 with £5 5s. costs.

A prosecution undertaken under Section 325 (1) (c) of the Lunacy Act, 1890, resulting in a conviction, was reported to the Board :—

R. v. William Williams.—The defendant, a nurse employed at Hereford County and City Mental Hospital, was charged before a Court of Summary Jurisdiction on 29th August, 1936, with ill-treating a male patient at that Hospital contrary to Section 322 of the Lunacy Act, 1890. He was convicted and fined £2.

The following prosecutions for offences under the Mental Deficiency Acts, 1913 to 1927, which resulted in convictions, were reported to the Board :—

R. v. Sidney Harrison, Edith Harrison and George Henry Exley.—The defendants, the stepfather, mother and grandfather respectively of a mentally defective woman who had escaped from Meanwood Park Colony, a Certified Institution under the Mental Deficiency Act, 1913, were convicted at the Leeds City Police Court on 9th January, 1936, of resisting the Police in the execution of their duty when attempting to recapture her, and were each fined 40 shillings.

R. v. Walter Richard Reed.—The defendant was convicted at the Bedfordshire Assizes on 17th January, 1936, of having carnal knowledge of a mentally defective woman, whilst she was placed out on licence from the Bishop's Stortford Public Assistance Institution, and sentenced to 4 months' imprisonment.

R. v. Walter Percy Cross.—The defendant pleaded guilty at the Winchester Assizes on 24th February, 1936, to four charges preferred against him under Section 56 of the Mental Deficiency Act, 1913, of having carnal knowledge of a mentally defective woman, and was sentenced to 12 months' imprisonment with hard labour.

R. v. Charles Edward Mussell.—The defendant pleaded guilty at the Winchester Assizes on 25th February, 1936, to two charges preferred against him under Section 56 of the Mental Deficiency Act, 1913, of having carnal knowledge of a mentally defective woman whilst she was placed out on licence from St. Mary's Hospital,

Portsmouth, an Institution approved under Section 37 of the Mental Deficiency Act, 1913, and was sentenced to 6 months' imprisonment in the second division.

R. v. George Barton.—The defendant was charged before a Court of Summary Jurisdiction on 16th March, 1936, with knowingly assisting his daughter, a mentally defective woman who had been allowed out on licence to him from St. Teresa's Certified Institution, to break the conditions of the licence contrary to the provisions of Section 53 of the Mental Deficiency Act, 1913. He was found guilty and fined £5.

R. v. Claude Reginald Sarsfield.—The defendant was, on 20th March, 1936, convicted at the Birmingham Police Court of secreting a mentally defective man who had escaped from the Monyhull Colony, a Certified Institution under the Mental Deficiency Act, 1913, and fined £5.

R. v. Alfred Ryder and Violet May Ryder.—The defendants were convicted at the Birmingham Police Court on 20th March, 1936, of secreting a mentally defective woman who had escaped from the Monyhull Colony, a Certified Institution under the Mental Deficiency Act, 1913, and were each fined 5s.

R. v. Amelia Everett.—The defendant was charged before a Court of Summary Jurisdiction on 15th April, 1936, with an offence under Section 53 of the Mental Deficiency Act, 1913, in respect of her daughter, a mentally defective patient at the West View Certified Institution, Tenterden. She was convicted and sentenced to one month's imprisonment.

R. v. William John Jones and Others.—The named defendant in this case, the father of a mentally defective boy who was a patient at Hensol Castle Certified Institution, was charged with seven other male defendants at Cowbridge Police Court on 18th June, 1936, with knowingly assisting the said patient to escape from the Institution contrary to the provisions of Section 53 of the Mental Deficiency Act, 1913. He was fined £5 and each of the other defendants was fined £2.

R. v. Ellen Jones.—The defendant was convicted at the Birmingham Police Court on 26th June, 1936, of secreting a male patient who had escaped from the Monyhull Colony, a Certified Institution under the Mental Deficiency Act, 1913, and was fined 10 shillings.

R. v. Herbert Jaspar Childs.—The defendant was charged at the Winchester Assizes on 10th December, 1936, with having carnal knowledge of and indecently assaulting a mentally defective woman under guardianship under the Mental Deficiency Act, 1913. He pleaded not guilty to the first charge, and guilty to the second, and was sentenced to six months' imprisonment in the second division.

R. v. Ellen Mary Butler.—The defendant, a nurse at the West View Certified Institution, Tenterden, pleaded guilty at Tenterden

Police Court on 14th December, 1936, to a charge preferred against her under Section 55 of the Mental Deficiency Act, 1913, of ill-treating a mentally defective female patient at that Institution, and was fined £15.

4. INQUIRIES.

Two inquiries on oath into the circumstances attending the deaths of patients were held during the year.

1. *Death from scalds sustained while in a bath.*

The death of a mentally defective patient in Cambridge House, Long Ashton, premises ancillary to Sandhill Park Certified Institution, was the subject of an inquiry which was held at Cambridge House on 10th November, 1936, by the legal Senior Commissioner and a medical Commissioner.

The patient (D. J. W.), an idiot boy aged 16 years, admitted to the institution on 30th April, 1936, died therein on 27th September from shock following extensive scalds sustained while in a bath, and a verdict to this effect was returned at the inquest.

The Commissioners, after inspecting the bathroom where the accident occurred and examining eight witnesses all of whom with the exception of one, a patient, were sworn, came to the following conclusions :—

(1) That the night nurse left the patient lying in the bath unattended in the cot bathroom at about 4.50 a.m. on the night 25th/26th September.

(2) That in so doing she also inadvertently left the hot water tap running, resulting in the patient being scalded all over his back and toes.

(3) That the night nurse was guilty of a breach of duty in leaving the patient thus unattended, such breach of duty being accentuated by her carelessness in leaving the hot water tap running.

(4) That, having regard to the nature of the injuries sustained by the patient, the Superintendent should have called in the visiting medical officer at once instead of allowing two hours to elapse before doing so.

2. *Death following a struggle with male nurses.*

The death shortly after admission of a private certified patient in the Manchester Royal Hospital, Cheadle, was the subject of an inquiry which was held at the hospital on the 17th and 18th December, 1936, by two Senior Commissioners. But we reserve publication of the findings, as we understand that there may be legal proceedings in connection with this case.

5. RESEARCH AND OTHER SCIENTIFIC WORK.

In Part II of our Report we publish our usual supplement of contributions which have reached us from Institutions relating to research and other scientific work during the year, including references to papers communicated by members of institutional staffs to medical meetings or scientific journals.

The number of communications received this year has reached 77, as against 22 ten years ago.

The communications come from the Central Pathological Laboratory (London County), from 48 out of 75 County Mental Hospitals, 15 out of 25 County Borough Mental Hospitals, 4 Registered Hospitals, and from 9 Institutions for Mental Defectives. There are 13 public mental hospitals which have never sent any contribution of this nature, and we trust that those concerned will consider whether this is due to shortage of staff or to absence of laboratory facilities.

The papers reproduced in the supplement in Part II are prefaced by a summary indicating generally the directions in which the more important inquiries have been pursued.

By Order of the Board,

(Signed) L. G. BROCK,

Chairman.

(Signed) P. BARTER,

Secretary.

Metropole Buildings,
Northumberland Avenue,
London, W.C.2.

June, 1937.

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LUNACY AND MENTAL DEFICIENCY



THE
TWENTY-THIRD ANNUAL REPORT
OF
THE BOARD OF CONTROL
FOR THE YEAR 1936

PART II

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Summary

The number of communications received in relation to work carried on during 1936 was 77. Besides that from the Central Pathological Laboratory (London County) they came from 48 out of the 75 County Mental Hospitals, from 15 out of the 25 County Borough Mental Hospitals (including work done under the Birmingham Joint Board of Research), from 4 Registered Hospitals, and from 9 Institutions for Mental Defectives.

As usual and as is natural their scope varies widely. Thus, while 66 included a list of routine tests, counts, estimations, bacteriological examinations, etc., in 17 instances (two colonies for mental defectives, four Borough and eleven County mental hospitals) the communication was limited to this list: three of these came from large London institutions, work from which was included in the Central Laboratory's report, so that the actual number of these instances was 14. In some of these places we are aware of the existence of special difficulties: for example, in several not only are the medical staff numerically weak but all available time outside their daily duties in the hospital has to be spent in seeing patients at out-patient centres. In any case, we always welcome these lists: they are not without an intrinsic value of their own, and our experience is that their scope tends gradually to increase.

In the communication from Berrywood (Northampton) we noticed mention of a set of tests with a scheme of team work which has been arranged for the examination of every newly admitted patient. There is a similar allusion in the report from East Sussex.

Among new tests St. Andrew's (Northampton) mention a case illustrating the value of the *Friedman test* for pregnancy. In the communications from West Park and Hanwell there is allusion to improved methods of technique of blood examinations, whereby a considerable number of unsuspected cases of anæmia are coming to light in the course of routine examination.

From some,* but from comparatively only a few, of the reports is it possible to gather whether or not the Wassermann or other corresponding test is applied to every new admission: a point of information of obvious importance.

* e.g.—Wadsley, Storthes Hall, Herts, Bristol, Derby Borough, Leicester City, Swansea (including mention of special attention to certain details in the Wassermann reaction), and St. Andrew's (Northampton) where entire reliance is placed on the Meinicke reaction.

A few hospitals (e.g. Wadsley, Birmingham, Whittingham, Three Counties) set out in list form the amount and regularity of Dental work overtaken. There is scope here for the development on useful lines of the supply of further information; also as to the extent to which use is made of X-ray facilities, of Electro-therapeutic apparatus, and of continuous baths and other forms of Hydrotherapy. These receive mention from Wadsley, Whittingham, Horton, Three Counties, Glamorgan and St. Andrew's (Northampton), including from the last named hospital interesting observations upon the high value of Turkish baths.

Chronic septic foci.—The lengthy and important communication from Birmingham again is devoted mainly to this subject. It discusses the relation between septic foci when in the head and neck and disturbance of capillary circulation in the brain. The far-reaching importance of possible deductions from this relationship are obvious. It includes, too, descriptions of 28 cases illustrating the inter-relationship of mental disorder and oronasalpharyngeal sepsis. The presentation of these cases follows a somewhat different method from that adopted in previous years at these hospitals and brings out numerous points of great clinical interest. In every case treatment included removal of areas which were either septic or irritative or in both conditions, and the conversion of "closed" into "open" sepsis; and, when necessary, measures to remove residual sepsis. As we have remarked on previous occasions, it is somewhat surprising, having regard to the importance of such conditions, that so few hospitals appear to direct special attention to this subject. It is therefore perhaps all the more interesting to read the account from Hatton (Warwick) of the treatment, by T.A.B. vaccine, of 200 female patients suffering from various psychoses during the past six years: four main conclusions were reached and no doubt the importance will not be missed of the remark in the third of them—"but treatment with this vaccine is only part of a general scheme of treatment." In the report from Barnwood House there is a brief allusion to the use of the pathogen selective technique in four cases. In the Shenley (Middlesex) report, descriptions are given of seven cases, one of which was a case of chronic sinusitis and subacute otitis media. St. Andrew's (Northampton) reports a case of acute confusion with heart failure from dilatation and fibrillation, severe pyorrhoea, and dental sepsis: mental recovery followed active treatment of the heart and dental conditions; but there is of course the possibility that there remained a wider condition of sepsis.

Chemical, Biochemical, and Physiological.—It is on these lines that, looking at the communications as a whole, the main effort in research seems to be directed at present. At Cardiff, several investigations of obviously high importance have been carried out and continue in progress:—e.g. Narcotics and tissue oxidations; Hydroxymaloric acid and brain oxidation which sheds important light on the process of breakdown in the nervous system of glucose, its chief fuel. Choline metabolism in the brain, with important and particularly interesting physiological findings; and Trypanocidal activity of the cerebrospinal fluid which, besides its interest, brings out the comparative superiority of tryparsamide as a therapeutic agent. With regard to tissue oxidations, the report from St. Andrew's (Northampton) contains an account of the nature and history of *Tissue-culture* which, begun just 30 years ago, is described as a laboratory triumph of the utmost importance. The impressive communication from the Central Pathological Laboratory (London) covers much Educational work, Teaching in connection with the diplomas in psychological medicine and gives an account of the Refresher Courses instituted in 1935 by the Royal Medico-Psychological Association and of the work of the General Paralysis Clinic. The report conveys the impression of a happy distribution of research and laboratory work between it (where some dozen or more research workers have been engaged) and the laboratories at the Council's 16 mental hospitals and institutions for mental defectives.

Of the numerous researches mentioned in it, several can be grouped under this heading. E.g.—The selective vulnerability of the nervous system to various poisons and anæsthetics, a work of great importance which may extend over several years; an investigation into the carbohydrate metabolism of various portions of the nervous system gives promise of being serviceably important; the production (in the course of treatment of general paralysis at Horton and The Maudsley) of therapeutic spirochætocidal substances, an expensive and important research assisted by a grant from the Rockefeller Foundation; studies continued by the Director into the electrical rhythmic discharge of the human cerebrum (and by the application of the same method to patients suffering from epilepsy and cerebral tumours there is promise perhaps of a new method of localizing the latter as well as other valuable information); observations on the respiratory rhythm in normal and psychotic subjects (Friern, Cane Hill and The Maudsley); investigations into serum calcium and allied observations (Claybury, St. Ebba, The Maudsley, also Park Prewett, Bristol and Glamorgan); others into blood bromine content in new admissions and into prolonged bromide sedation (Claybury, Hanwell, The Maudsley, Darenth, Norfolk, St. Andrew's); observations upon Glycosuria (Claybury) and upon Glycolysis of blood-serum in the psychoses (Oxford); upon the decomposition by heat of barbiturate solutions (Three Counties) and the excretion of sodium barbitone (Swansea). Benzedrene sulphate and its mode of action has been attracting attention (The Maudsley, Claybury, Long-Grove).

Intestinal and allied infections.—In former years, while commending the work done in this connection, we have lamented its necessity because of its liability to usurp time which might be spent in elucidating problems more directly related to nervous and mental disorder. It is satisfactory to be able to note that this work—a hygienic measure which must not be neglected—steadily pursued over a period of years seems to be reaping its reward, and that it is now possible to maintain control over these conditions with less effort. We have confidence that that does not imply the likelihood of any slackening in vigilance and that, should necessity arise, measures to meet it will be prompt and complete. From Wakefield comes the Eighteenth Post-war report on *Asylum Dysentery and allied infections* which, as usual, is a valuable summary; and interesting accounts come from Hellesdon (Norwich) and the Royal Eastern Counties Institution (Colchester), while methods of prophylaxis and vaccination are mentioned in The Maudsley, Caterham, Cane Hill and Bristol reports. With regard to Enteric, investigation into its immunology has been carried out at The Maudsley, Horton, West Park and Claybury, and in the Birmingham report account is given of a special investigation into the typhoid-dysentery group of organisms. Seven* hospitals describe the results of maintaining a special watch on carriers, and one of them, St. Andrew's (Northampton), includes the after-history of cases operated on for chronic enterica; and, in the communications from some six† others (besides those previously named), allusion is made to work on these infections.

Other Infections.—Six reports‡ contain observations in relation to Scarlet fever and Diphtheria. Observations of much value upon Chronic epidemic Encephalitis and its treatment continue to be made at Wadsley.

* Birmingham, Wakefield, Wadsley, Claybury, Cheshire (Macclesfield), Hereford and St. Andrew's (Northampton).

† Banstead, Storthes Hall, Denbigh, Three Counties, Dorset and East Sussex.

‡ Wonford House (Exeter), St. Andrew's (Northampton), Caterham, The Fountain, Royal Eastern Counties Institution (Colchester), and Stoke Park.

Schizophrenia and Tuberculosis.—Both these conditions have continued to be the subject of considerable inquiry, severally, especially with reference to treatment of the latter, as well as jointly in order to test the nature of relationship which, if any, exists between them: see the communications from Cardiff, Cheshire (Macclesfield), East Sussex, Hanwell, Cane Hill, Claybury, St. Ebba, Leavesden and The Maudsley. In that from the last named it is stated that the results (i.e. of their inquiries) should dispose fully of any attempt to claim a tuberculous pathogenesis for dementia praecox. As mentioned under another heading, the protective value of Vitamin administration is being tried at The Fountain, where there are a number of mongoloid patients (who, as is well known, seem specially liable to tuberculous infection).

Pathological and Morbid Anatomy.—Apart from several investigations in the communication from Bethlem mainly of a pathological but partly physiological nature, there are at least some thirty items which can be grouped under this heading. Several refer to conditions of the glands: of the suprarenals (Whittingham, Burntwood and Shenley) and of the pituitary (St. Andrew's, The Maudsley, Friern and Oxford); to Lymphadenoma, (Whittingham); Schilder's disease, Alzheimer's disease (The Maudsley); Niemann-Pick's disease (St. Andrew's and Leavesden); the histopathology of the Cerebellum (Stafford); Congenital Syphilis (Caterham) and in a mono-vular twin (Royal Eastern Counties Institution, Colchester); cases of Gargoylism (Leavesden); Calcification and Arterio-sclerotic conditions (Wadsley, Winwick); Renal dysfunction (Stafford, East Sussex); rudimentary Falx cerebri (Shenley); Skeletal deformity (The Fountain); patent Foramen ovale (Winwick); the hæmatology of Convulsions, and the Liver in Epilepsy (Brentwood).

Clinical.—Included in the communications from the Middlesex Hospitals at Napsbury and Shenley there are interesting studies, sixteen from the former and seven from the latter, of individual cases: all with fatal issue.

Under this heading we may note the Analysis of a mental hospital population with reference to degrees of association of the psychoses with mental deficiency (Severalls); also the clinical classification of all patients at the Royal Eastern Counties Institution and the study of their Family-histories: both of them investigations of importance. Mention too may be made of cases of Polyneuritis not associated with Alcoholism (The Maudsley); Pregnancy in general paralysis (Winwick); mental disorder associated with Child-birth (Severalls); Acetonuria in mental disorder (Glamorgan); septic Parotitis (Devon), septic Endocarditis and acute Rheumatic fever (Napsbury) and two cases of Familial periodic Paralysis (Warwick). The communication from St. Andrew's (Northampton) contains the description of a case in which, in a very striking way, there was disappearance of severe mental symptoms following cerebral hæmorrhage. A closely parallel case, which made a vivid impression on the observer at the time, can be recalled as occurring 40 years ago at Banstead Mental Hospital.

Treatment.—Some sixty or more items in the various communications can be assigned to investigations and observations bearing directly on treatment. Twelve* are concerned with the malarial treatment of General Paralysis, that from Winwick including an interesting and important follow-up, besides which there is the extensive statistical study from The Maudsley; two (Horton and The Maudsley) refer to the diagnosis and treatment of the Juvenile form of that disease and several (e.g. Norfolk, Swansea, Rainhill and West Park) describe other lines of its treatment; and the use of Orarsan

* Menston, Storthes Hall, Winwick, Three Counties, Devon, Glamorgan, Napsbury, Burntwood, Bristol, Leicester City, Newcastle, and West Ham.

in congenital syphilis is mentioned in the report from Caterham. Pyrexial treatment by T.A.B. vaccine and by Colsul (a preparation of colloidal sulphur) is described from Birmingham, and the use of Inductothermy (worked on the principle of a short wave wireless) finds mention in the report from Wadsley. For the combat of sepsis, mention is made in the Birmingham report of Sulphonamide (according to whether the case is one of gross sepsis with pyrexia, of foul sepsis, and of residual sepsis) and of Collosol manganese in the treatment of septic skin conditions; also of the use of Prontosil, to which reference is made in the report from Warwick in connection with the treatment of puerperal infection, including a remark as to the importance of the availability of blood donors. In the treatment of dysentery the use of Bacteriophage (as obtained from the Usher Institute in Edinburgh) finds mention in the report from Wakefield; and the advantage in mental hospital practice of Mendelic acid has been tested at Warwick.

Prolonged narcosis as a line of treatment continues to receive considerable attention, exemplified in reference to somnifaine, somnifaine-insulin, soneryl, etc., in the reports from Whittingham, Hanwell, Three Counties, Nottingham City, and in the extended and painstaking observations from Dorset. From West Ham comes an account of the treatment of three males by Insulin Shock.

The use of Prominal in epileptic patients, with the relative efficacy of it and Luminol, is discussed in the report from Warwick.* From Newport (Monmouth) come observations upon the use of Anti-rabies vaccine in epilepsy. Crylarsan, a brand of neocryl and a new arsenical anti-syphilitic remedy, is being tried at Banstead at the request of the Medical Research Council. At The Fountain, the protective action of Vitamin administration is being watched. Also with protective methods in view, estimations of Ascorbic acid in the urine have been carried out at Hereford. In connection with that hospital mention may be made also of the use of Encephalography in two cases. Along modern lines and in the light of modern views, more precise examination for subnutrition in newly admitted patients is receiving attention: including investigations in relation to vitamin C (Wadsley). The report from Glamorgan contains observations upon feeding by means of Glucose solutions. The use of intramuscular administration of Theolin in melancholia is reported from St. Andrew's (Northampton). The stimulating power of Benzedrine has attracted attention and its effect in states of anxiety and of depression has been tried; also Progynon and Oestroform (Swansea, Glamorgan, Hereford, Devon). As a prophylactic in relapsing cases of mania Ephedrine has been tried at Hereford.

Public Health requirements.—In a few instances (e.g. East Sussex, Cheshire (Macclesfield) and Herts), the mental hospital laboratory undertakes a considerable amount of work for the Public Health department of the area which it serves. Where convenience suggests such an arrangement, there is much to be said for it. Every hospital should have a laboratory as an integral part of its activities, and, if it should be a choice between the two arrangements, it is far better that its laboratory should serve also as the Public Health laboratory than that the hospital should have to send its material down to the latter for investigation and report. Examination of milk for Br. abortus and other observations are reported from Bethlem, Birmingham, Burntwood, Storthes Hall and East Sussex. In the report from the last named mention is made of bacteriological control tests as applied to the disinfecting tanks and to processes in the foul-laundry.

Genetics and statistics.—Studies in these directions, manifestly of an important nature, are finding their way into the communications from several

* See, too, the contributions from Claybury, Glamorgan, Bristol, Norwich, West Ham, Royal Albert and Royal Eastern Counties Institution (Colchester): also Park Prewett.

of the institutions : with regard to genetics, notably from the Royal Eastern Counties Institution (Colchester). Among others from this Institution there is a study of epiloia genetically considered ; another embodies the completion of investigations jointly carried out here and at Cardiff upon the curious metabolic disorder known as Phenylketonuria, which genetically is found to resemble two other but less common abnormalities (alkaptonuria and albinism). In the report from St. Andrew's (Northampton) allusion is made to an investigation, conducted on behalf of the Mental Deficiency Committee of the Royal Medico-Psychological Association, into the incidence of various "neuropathic" conditions in the normal population. An extensive and valuable statistical inquiry has been made on questions relating to the general paralytics treated during the past five years in the mental hospitals of the County of London.

Out-patient Treatment.—A number of the mental hospitals include in their contribution to this Supplement an account, partly statistical and partly embodying medical observations, of work done at centres for out-patient treatment. In order both to encourage extensions of this work and to record observations some of which have been of distinct scientific interest, we include these notes in this part of our Report. Including the extended commentary from Isle of Wight, and one from Berrywood which refers also to work at a Child Guidance centre, the notes on this occasion come from eight* hospitals.

Negative results.—In again appealing to those institutions whose medical staffs hitherto have not seen their way to forward any contribution to this yearly Supplement and to others in the hope that time can be found to add an account, however brief, of clinical or laboratory work beyond that which forms a summary of routine laboratory work, we would point out that, even when the well meant effort, be it in treatment or of more purely scientific inquiry, fails, negative results often have an intrinsic value of their own. Moreover, they sometimes open up a new problem or yield side-results—by-products so to speak. For example, at Birmingham, tests in search of hæmolytic enzyme, though they proved negative for that primary purpose, brought to light an apparent and hitherto unsuspected source of error in the Wassermann technique.

Psychological and Psychotherapeutic.—Several highly interesting investigations are reported from the Psychological Department at Bethlem ; e.g. observations upon the use of Lowenfeld's mosaics, upon Word-analysis to test the value of Jung's association method, upon the validity of Kretschmer's Psychobiogram, and an investigation of "general intelligence" or "G," in psychotic patients ; also notes upon the treatment of an Anxiety state by a course of study in systematic thinking, and a case study of Amnesia. In the Swansea report are notes upon the use of Hypnosis as part of psychotherapy. The report from Caterham contains an investigation into the emotional life (affective-instinctive psychology) of imbecile children, an account of Speech difficulties in two mental defectives, and observations upon the effect of Occupational-therapy, organized games, and physical training on mental defectives, as well as a description of the application of mental Tests including those as to temperament, character and "resocializability". A communication from Leavesden gives tabular results of intelligence tests applied to 130 unselected male mental defectives ; and mention of a new series of Perceptual Intelligence tests comes from Royal Eastern Counties Institution (Colchester), whence also is an account of a Survey of mental ability in a rural Community. At Stoke Park (Bristol), under the Burden Mental Research Trust, 3,500 normal school children have been examined and group-tested and 1,500 of these have been submitted further to the Binet mental tests. The mentally therapeutic value of a properly equipped Hair-dressing room is discussed in the report from Wonford House (Exeter).

* Wakefield, Wadsley, Menston, Whittingham, Three Counties, and Leicester City.

All such observations are of such obvious interest and importance that it is curious how small is the field from which they come: seven institutions, of which only three are mental hospitals. Judged in this relation, it would not seem that there is much danger, as sometimes suggested, of a physical basis in mental abnormalities being forgotten. Is the reason for the comparative smallness of this field partly that the provision and systematic use of Clinical rooms, one at least to every ward, are as yet insufficiently general?

I.—THE JOINT BOARD OF RESEARCH FOR MENTAL DISEASE (CITY AND UNIVERSITY OF BIRMINGHAM)

A.—*Laboratory Report.* By Dr. F. A. PICKWORTH, B.Sc., Laboratory Director.

Research work during the year has been directed as heretofore to the study of the relation between chronic septic foci in the head and neck, and disturbances of the capillary circulation of the brain. With this end in view we have examined microscopically sections of many brains by the capillary stain method. Very pronounced vascular changes are found in the brains of general paralytics; thrombosed vessels in epileptics; and varying types of vascular irregularities have been found in all brains examined from cases of confusional insanity, dementia praecox, mania and post lethargic encephalitis. A number of decalcified sections of the sphenoid bone and of the teeth have been examined to investigate the portals of entry of micro-organisms into the tissues, and a confirmation of our previous findings of filaments with Gram positive granules which resemble involutional forms of streptococci has been made. Cultures of organisms isolated from various specimens, chiefly those of the intestinal group, have been examined for their ability to cause clotting of blood.

A theoretical consideration of the causes and the results of vascular disturbances in the brain leads us to suspect the presence in the blood of haemolytic enzymes, and a number of tests were made to find out quantitatively the property which many patients' sera have of haemolysing sheep's corpuscles. The results so far do not support the hypothesis, but an important side issue has arisen in that the positive haemolysis for sheep's cells so frequently encountered must be a source of error in the Wassermann technique, as such haemolysis would give false negative results (for figures see Birmingham Joint Board of Research Annual Report, 1935-36).

Incidental to the above, experimental research has been necessary into the technique concerned with blood clotting; decalcification of specimens containing bone, and the relationships of such reagents used to their effect upon staining by Gram's method; and into the technique of photographic recording of stained sections which do not show readily by the usual photographic methods.

Routine work has included the examination of post-mortems, having special reference to evidence of chronic or past infections of the nasal sinuses; the collection of specimens of nasal sinuses, etc., for the museum; the examination of faeces for typhoid-dysentery organisms; sera for Wassermann and Widal tests; urines for bacterial content and albumen; also a number of blood counts have been carried out to determine the type of anaemia exhibited by various patients. Several specimens of milk have been examined for agglutinins to Br. Abortus, 28 out of 37 showed some definite agglutination reaction, and of these 26 were in dilution greater than 1 in 10, whilst 4 agglutinated in dilutions as high as 1 in 1,800. The investigation of sera for agglutination of the typhoid-dysentery group of organisms has been continued and the results, including those of past years, are being collected and correlated with a view to publication of the findings. Our indigo medium for the culture of anaerobic organisms has now been in use

several years and found to be very satisfactory, giving results at least equal to other methods.

A list of the 7,127 specimens examined for the year 1936 is as follows :— Wasserman tests 972, including 215 positive; Widal's 851, including 579 positive; C.S.F. Lange test 104, including 26 positive, globulin 104, hydrogen ion concentration 16; 2,861 cultures were tested for haemolysis of sheep's corpuscles, 441 i.e. 15·4 per cent. being positive; 173 cultures from various sources (mostly faeces) have been tested for agglutination, 71 being positive typhoid or dysentery; *B. typhosus* has been found in 11 instances, dysentery Y three times, dysentery X, dysentery W and dysentery Z once each, Shiga once (also once in urine), dysentery Sonne twenty-one times (also once in urine); 560 cultures have been tested for their ability to shorten the time of clotting of blood; 205 throat swabs and 16 nasal swabs were examined with a finding of 13 and 8 respectively positive for *B. diphtheria*; 5 of 21 sputa were positive for T.B.; 21 nasal sinus washouts; 16 cervix swabs; 114 urines were examined bacteriologically and 127 chemically, of the latter 11 or 9 per cent. were positive for albumen; 56 specimens have been added to the museum, 7 antra and ethmoids, 6 sphenoidal sinuses and 9 pathological conditions of brains; 45 decalcified bone specimens of sphenoidal sinuses, etc. have been examined for Gram positive filaments, 26 being positive in this respect; 119 photomicrographs of thick brain sections have been prepared; 26 photomicrographs showing organisms in tissues; 30 blood counts have been done; 27 blood sugars; 3 blood ureas; and 861 Van den Bergh tests, 18 of the latter being positive; 1,437 human, 178 animal blood tests for lysis of sheep's blood corpuscles have been carried out. Of 966 specimens of faeces examined, 39 (representing 27 cases) showed organisms of the typhoid-dysentery group; 147 smears of 24 cultures were examined for proportion of constituent organisms; and the percentage of non-lactose fermenters in cultures is roughly estimated in most cases. Experimental serological agglutination with faecal extracts was done in 19 instances. We still have two typhoid carriers who continue to excrete virulent organisms at intervals (positive on ten tests). Of the organisms isolated from various sources 245 were staphylococci, 786 streptococci (of which 193 were haemoglobinitic), 102 diphtheroids and 802 coliforms. Of the 165 cultures showing haemolysis 26 were streptococci, 35 staphylococci, 94 coliforms and 10 Gram positive bacilli. 29 anaerobes and 96 facultative anaerobes have been isolated, the organisms being 13 Gram positive bacilli, 12 Gram negative diplococci, 6 Gram positive diplococci (anaerobes) and 12 streptococci, 23 staphylococci and 59 coliform organisms (facultative anaerobes). Of a total of 68 post-mortems 64 were examined as regards nasal sinus infection, 35 or 54 per cent. showing some evidence of chronic or previous infection, 13 contained pus, 9 mucopus, 7 thickened membrane, and 6 polypoid elevations of mucosa. One case of routine sinus washout showed *B. diphtheria* in all sinuses and on subsequent examinations after 10, 20 and 30 days the nasal swabs again yielded *B. diphtheria* on culture.

B.—*Clinical Report.*—By Dr. T. C. GRAVES, F.R.C.S., Chief Medical Officer
Birmingham Mental Hospital Committee.

General.

The general plan of investigation and treatment described in the reports of previous years, and more fully detailed in the report for the year 1935, has been followed during 1936 and further examples of its nature, application and results are given in the reports now submitted on another Series of cases treated in the past year.

The Series is preceded by a summary of the various findings made in the cases and of treatment adopted.

Special reference is made to the use of Prontosil and Sulphonamide in treatment and of the physical and mental amelioration which has been observed in cases thus treated.

A Series of Twenty-eight Cases illustrating the Interrelationship of Mental Disorder and Oronasopharyngeal Sepsis.

Epitomes of the records are given concerning twenty-eight cases of mental disorder which illustrate, in a variety of ways, the interrelationship of chronic infective processes and mental disorder. In the following paragraphs different aspects of these cases are correlated.

Sex and Civil State.—Of sixteen men, an equal number were married and single.

Cases 11, 13, 14, 15, 16, 18, 22 and 23 were married.

Cases 12, 17, 19, 20, 21, 24, 25 and 26 were single.

Of twelve women two were widows, cases 3 and 27; three were married cases 2, 4 and 8; whilst seven were single, cases 1, 5, 6, 7, 9, 10 and 28.

Forms of Mental Disorder.—The forms of mental disorder to which these cases could be referred were as follows :—

Melancholia, eight cases, viz. : 1, 2, 7, 8, 15, 22, 25 and 27, comprising three males, two married, cases 15 and 22 and one single, case 25; and five females, two married, cases 2 and 8, two single, cases 1 and 7 and one widow, case 27.

These eight cases were aged from twenty-six to fifty-six years of age.

Confusional states, seventeen cases, viz. : 3, 4, 5, 6, 9, 10, 11, 13, 16, 18, 19, 20, 21, 23, 24, 26 and 28. With two exceptions these were all on the younger side of thirty-five years of age. Thus four cases between 16 and 19, five between 20 and 29, six between 30 and 39 and two between 40 and 55 years of age. Ten of these confused cases were males, 5 married, cases 11, 13, 16, 18 and 28, and 5 single, cases 19, 20, 21, 24 and 26; and seven were females, one married, case 4, five single, cases 5, 6, 9, 10 and 28 and one was a widow, case 3.

There were two cases of Mania, both males, one married, case 14 aged 37, and one single, case 17, aged 19.

One case was classified as Stupor, a single male, case 12, aged 18. One case, case 9, here classified as Confusional, had been under care elsewhere and there considered to be Dementia Praecox. Reference to the case will show there was gross oronasopharyngeal sepsis present and its treatment was followed by considerable mental amelioration and enhancement of physical health and vitality, enabling her to return home where her conduct continued to be satisfactory to her father.

Suicide and Homicide.—Self injury had been attempted in eight cases, five females and three males.

Case 1, a single female, aged 37, had tried to drown herself.

Case 2, a married woman, aged 46, had attempted gas poisoning.

Case 3, a widow, aged 55, had attempted cut throat.

Case 5, a single female, of 24, was variously actively suicidal.

Case 7, a single woman of 27, had repeatedly knocked her head against a wall. Case 15, a married male of 56 had cut his throat severely and opened the wind pipe, the condition of surgical emphysema and spreading cellulitis all but resulted in consummation of his suicidal attempt. Case 22, a married male, aged 45 and Case 25, a single male, aged 26, both endeavoured to kill themselves by precipitation.

Heredity.—In eleven cases it was easy to trace psychotic or epileptic heredity in other members of the patients' families.

In Case 1 the father still is a certified patient in mental hospital, who all but consummated a suicidal cut throat attempt.

Case 1 herself attempted suicide by drowning.

The mother of Case 7 is in mental hospital. In Case 9 the mother is in another mental hospital and her grandmother suffers from cerebellar degeneration.

The paternal aunt and uncle of Case 10 are in mental hospitals with delusional psychosis.

A sister of Case 17 is epileptic and the father of Case 18 died in mental hospital whilst an uncle of Case 20 had been insane. A sister of Case 23 is a patient in mental hospital.

Such a record is not an encouraging basis for treatment in the hope of recovery, but such treatment was undertaken and some beneficial results have accrued, which could hardly have appeared in the absence of the treatment afforded.

Two further examples where heredity can be traced occur in this series.

Case 13, an example of extreme confusion and gross sepsis, also had a sister who had a severe attack of stupor from which she made a substantial recovery following removal of septic tonsils and course of non-specific protein therapy, using T.A.B. vaccine intravenously. She has since her recovery, several years ago, always insisted that this treatment brought her back to a normal state.

Cases 27 and 28 provide another example of psychotic manifestation, this time in mother and daughter, attributable to chronic infective processes. In both patients also, chorea is another manifestation of the infective processes. In the mother there was or had been sepsis in tonsils, ears and mastoid, and nose which was sufficient to account for the cardiac disease and chorea but it required, as judged by the results of treatment, an overload of increasing toxæmia from dental sepsis to precipitate a psychotic state. A re-exacerbation of this septic condition may later evoke another psychotic or worse event. The daughter developed a psychotic state at an earlier age than it had appeared in the mother, for she had in utero received the toxæmia from the mother's septic state as well as her mother's familial infections after birth. These had a selective affinity causing them to set up areas of disease similar to those obtaining in the mother viz.: chronic disease affecting the tonsils, nasal sinuses and ear. The daughter, either from the effect of the mother's toxæmia, or from infective processes which developed later, had her growth hampered so that the wisdom teeth became impacted, and failed to erupt; foetid abscess which developed, in the sac of the left lower wisdom tooth, added to her toxæmia. These two family cases illustrate the conception of Transmissible Familial Infection as a cause of the appearance of psychosis in more than one member of a family, as an alternative to the conception embodied in the term Psychotic heredity.

Such a conception encourages attempts at radical treatment of the individual patient which may be very successful as in Case 13, or even only ameliorative as at present in Case 28.

Some conditions involving the nervous system complicating the clinical picture.

Head Injury.—In Case 21 there was a history given by relatives of apparent normality until three days before admission when he received a blow on the nose while fighting with a workmate. This alleged fact influenced the

relatives considerably and hampered the obtaining of the necessary consents for anaesthesia and operation. This kind of history of head injury has been met with in several cases of mental disorder which, as in this case, have been relieved by treatment of gross sepsis in the head. There is reasonable ground to conclude that, as in this case, the mental disorder was already in existence and the state of irritability led to a fight. Certainly the extensive and foul sepsis present had been in existence for a long period before admission.

In Case 26 there was a history of having been struck over an eye with an iron bar two years before admission.

Infantile Paralysis.—In Case 26 this history of a blow appears to have been a memory of the relatives to explain the subsequent developments. There appears to have been the gradual onset of Infantile Paralysis under cover of the Toxaemia of Oronasopharyngeal sepsis which caused the purely mental symptoms and simulated those of Encephalitis Lethargica. Certainly on admission there was a masklike face, a slovenly poise and a general loss of muscle tone, to correlate with the mental symptoms, and these improved vastly after treatment of sepsis.

Chorea.—Two cases illustrate the relation of Chorea to mental disorder. In Case 27 Chorea had appeared at seven years of age and reappeared in later life following the incomplete resolution of septic conditions of the head.

Later, in Case 28, the youngest child of Case 27, Chorea appeared in the early teens. Tonsillectomy appears to have relieved it temporarily, but the symptoms reappeared after a seasonal exacerbation of residual sepsis in the head, ear, sphenoidal sinus, etc.

Alcoholism.—In two cases there was a history of alcoholism, Cases 18 and 21. In these examples, as in many others where alcoholism has been discovered in the history and may be possibly regarded as a principal factor in causation, oronasopharyngeal sepsis has been shown to be present and although cessation of alcoholic indulgence—as obtains on admission to mental hospital—has not been followed by mental recovery, yet radical treatment of sepsis may soon effect this satisfactory sequel.

In both these cases the sepsis was severe and extensive and its treatment was followed by mental recovery.

Similarly Case 12 during a period of trial indulged in alcoholism which, with the septic and irritative conditions present, caused psychotic relapse. Further treatment of these latter conditions has resulted, as in the preceding cases, in a continuing period of mental and physical stability.

Some conditions of physical disease precedent to mental disorder.

In several cases in this series a variety of conditions of physical disease, principally associated with oronasopharyngeal sepsis, had been recognized and treated before the onset of the mental disorder. That such treatment had been given to the chronic infective process in any one case did not preclude the possibility that further treatment was needed, and it is noteworthy that its administration was followed by amelioration of the psychotic state.

Infection of nasopharyngeal passages.—In several cases there was a history of frequent colds, nasal catarrh and sore throats. Cases 1, 2, 7, 11, 12, 14, 17, 19, 23, 28. A sense of nasal obstruction had been felt by Case 1.

Septic tonsils had been removed in Cases 8, 12, 19, 28 and 20.

Sinus disease had been treated in Case 8.

Ear disease had been recognized and treated in Cases 12, 27 and 28.

Dental disease had been treated in Cases 1, 3, 11 and 20 and others.

Appendicitis had been treated by removal of the appendix in Cases 1, 10 and 24.

In Case 1 the appendicitis formed one moiety of the state of general ill-health arising from the chronic infective process which later manifested itself in psychotic symptoms.

In Case 10 a similar relation between the appendicitis and mental disorder could be traced. In Case 24 the relation was more remote.

Cholecystitis.—Here an immediate relationship between treatment of empyema of the gall bladder and an attack of psychosis existed.

Pneumonia.—In Case 22, influenza, followed by pneumonia, was followed by a somatopsychotic state which passed on to a severe psychosis which only ameliorated following radical treatment of sepsis.

Some Sensory Symptoms present on Admission.

Headaches and Head Pains had been experienced by cases 1, 2, 6, 7, 10, 14, 16, 27 and 28. Reference may be made to Case 2 who for three months before admission developed severe headaches in the right parietal region, the pain was a burning pressure which she felt she wanted to move with her hand and she put on cold compresses to ease and cool the pain.

Case 16 experienced a burning sensation in the left eye for which he bought an eyeshade.

Giddiness.—In Case 2 giddiness was a prominent symptom.

Disturbances referable to hearing were experienced by Cases 3, 7, 11, 16, 18, 19, 23, 25, and 27. These were variously perceived as tinnitus, machine in head, bells, voices and thunder.

Disturbances of Vision.—Accommodative asthenopia improved by removal of sepsis was recognized by Cases 3 and 7.

Disturbances of Taste and Smell.—Cacogeusia and cacosmia were present and formed the basis of delusions in Cases 3, 6 and 11. The conditions found in the mouth, nose and throat were sufficient to account for these discomforts and for the delusion of being poisoned.

Some Motor Symptoms displayed on and prior to Admission.

Case 7 had "fits of temper followed by noisy crying and hitting her head against the wall, she suffered from headaches." Following treatment of sepsis these headaches ceased and there were no further exhibitions of hitting her head against the wall. Case 19 illustrates the association of tinnitus aurium and blepharospasm. The tinnitus was perceived as thunder, and also in hallucination; the blepharospasm was complicated by grimaces and attitudinizing. These all ceased after removal of diseased and abnormally situated teeth.

Case 19 also illustrates a remarkable improvement in stammering following dental treatment. At discharge from hospital it was not noticeable.

Case 20 is another example where hyperactivity of the facial muscles manifested apparently in relation to intense endogenous angry excitement ceased, with the emotional display, after radical treatment of gross oronasopharyngeal sepsis. The facial symptoms were various forms of twitching spasm, wrinkling of the forehead and some degree of bilateral proptosis; grinding of the teeth and clenching of the jaws were also shown, the whole producing a very terrifying display. In Case 21 similar indications of local sensory irritation were shown associated with an elated emotional tone. They were constant winking, grimacing and facial twitchings which produced a futile display. Gross oronasopharyngeal sepsis was present and after its treatment these motor manifestations ceased.

Some of the Septic Conditions found on Admission.

Diseased and Abnormal Conditions of the Teeth.—These twenty-eight cases have not been specially selected to illustrate the existence of dental disease in relation to psychotic states and their average age on admission was 31, males 30, females 33.

Four cases were edentulous on admission, two women, Cases 1 and 3 had had dental clearances at the ages of 36 and 26 respectively and two men who were also proved edentulous by radiographic examination on admission at 32 and 45 years of age. All the remaining cases in the series had varied conditions of dental disease or abnormality.

Abnormal Conditions of Third Molars.—Abnormal conditions of the wisdom teeth are illustrated by five examples, Cases 12, 17, 19, 26 and 28.

In case 12 it was only by radiographic examination that the abnormal condition of the unerupted lower wisdom teeth was discovered. In this case other irritative and septic conditions were present but it is worthy of note that whilst mental relapse occurred prior to completion of dental treatment, continued stability has followed the removal of these wisdom and other teeth which were rapidly deteriorating with sepsis.

In Case 17 radiographic examination showed all wisdom teeth except the left lower to be unerupted and ill developed, the right lower wisdom being also impacted. No improvement in mental symptoms occurred during a period of residence in mental hospital of eight weeks but ten days after their surgical removal he was improving mentally and four days later his parents insisted on discharge from mental hospital.

In Case 19 other dental treatment was associated but the removal of impacted wisdom teeth was an important part of the treatment required to effect mental and physical recovery.

In Case 26 radiographic examination showed both lower wisdoms were unerupted and ill formed.

In Case 28 a foul foetor oris was observed on admission and radiography showed impacted unerupted wisdom teeth with an abscess in relation to the sac of the left lower wisdom as the cause of the foetor.

In all these cases save one, Case 17, diseased tonsils were or had been associated with these abnormalities of eruption of the third molars.

General Dental Sepsis and Caries.—In all the remaining cases treatment for dental sepsis and caries had to be carried out—except the four cases specified as edentulous—and ultimately this treatment had to be radical before amelioration of the psychotic state ensued.

Dental Conservation.—In two cases definite attempts were made, in the hospital, to conserve teeth where the degree of sepsis was considered to be of a minor character, but, although treatment was meanwhile directed to other sepsis requiring attention, mental recovery did not ensue until these teeth had been removed following the progressive exacerbation of their septic state.

In Case 4 it was hoped that the removal of tonsillar sepsis might be enough to assist mental recovery and the disappearance of a minor degree of dental sepsis, but this, with other treatment, was of no avail over a period of twenty-one months. Dental sepsis was then considered to need treatment by extractions which was then commenced and effected in stages. Four months after its completion definite physical and mental improvement was manifest which was enhanced until discharge from mental hospital.

In Case 12 conservation was reserved to much shorter periods as septic processes rapidly spread and intensified necessitating radical treatment. Only then did stability continue.

In Case 8 treatment directed to nasopharyngeal sepsis had been undertaken before admission to mental hospital but no attention had been given

to the teeth. These possibly were not then so advanced in sepsis as was present on admission; but, whether so or not, treatment of the dental sepsis then found was necessary to complete detoxication and attain recovery.

Buried Roots.—For the adequate treatment of dental disease radiography is absolutely essential if for no other purpose than to discover and to locate exactly the position of buried roots. Although their removal may be exceedingly tantalizing, and apparently unnecessary, it is well to remember that they can be a potent source of ill-health from toxæmia and irritation, the latter especially if attempts are made to wear a denture over such residua. In cases therefore, where dental extraction has been carried out by more than one dental surgeon it is as well to radiograph the jaws before proceeding to fit dentures in any case of doubt.

In this series three examples illustrate this condition.

In Case 14, a case of Acute Mania, the final persisting elation only disappeared after the removal of three buried roots which had been discovered by radiographic examination of the jaws. The intensity of the symptom state had been reduced by treatment of oronasopharyngeal sepsis and the administration of non-specific therapy, and thus enabled radiographic examination to be undertaken successfully. In Case 20 radiographic examination of the jaws found two buried roots which were removed.

Case 25 was apparently edentulous but here two buried roots were found on radiographic examination and were extracted.

Septic and Carious Teeth.—In contrast to the conditions in which conservation was attempted many cases presented conditions at the other extreme. Thus in Case 21 the oral sepsis is described as foul and in Case 12 it is described as gross.

Carious teeth with fillings were in evidence in Case 9, one gold crowned and another had a granuloma at apex, and in Case 7 where four filled teeth were extracted.

Diseased Conditions of the Nasal Sinuses.

The series contains several examples illustrative of a variety of diseased conditions of the nasal sinuses found on admission. In many cases only one category of sinus was involved, singly or with its fellow of the opposite side, a fairly common finding was multisinusitis and there are two examples of pansinusitis.

One Category of Sinus Involved.—The sphenoidal sinus only was involved in Cases 2 and 7 and in these the other sinuses were clear.

In Case 2 the right sphenoidal sinus alone was mucopurulent, whilst in Case 7 both these sinuses were haemorrhagic to an extent deemed pathological, although the nasal passages here were devoid of exudate.

The ethmoidal sinuses were bilaterally purulent in Case 1.

The antra alone were affected in Cases 3, 8, 11, and 26.

In Case 3 the right antrum only was haemorrhagic, in contrast to the condition of the other sinuses.

In Case 8, although two years earlier adequate intranasal drainage had been provided, the left antrum—alone—was full of pus requiring to be irrigated away.

In Case 11 the left antrum contained thick pus whilst in Case 26 the right antrum contained mucopus.

Two Categories of Sinus Involved.—In Case 14 the right ethmoid and adjoining sphenoid were in a haemorrhagic state and in Case 28 the left sphenoid contained pus whilst the right sphenoid and adjacent ethmoid were haemorrhagic, the other sinuses in both cases not exhibiting any abnormality. In Case 10 the left antrum and the adjacent left ethmoid were purulent.

Multisinusitis.—In the following four cases conditions of multisinusitis obtained.

In Case 12 there was pus in the left antrum and both ethmoids, thus it is not surprising that from both sphenoids the irrigations evoked pathologically haemorrhagic returns.

In Case 20 similar haemorrhagic returns came from both sphenoids, and here the condition of the other sinuses justified the conception of extension of their inflammatory state to the sphenoids, for both antra and both ethmoids contained pus, in the right antrum the pus was foetid.

Case 21 resembled the preceding. Excessively haemorrhagic returns were obtained from both sphenoids, the right ethmoid was haemorrhagic and thick pus was found in the left ethmoid, and both antra.

In Case 23 all 6 sinuses gave haemorrhagic returns and pus was also found in the right ethmoid and adjoining antrum.

Pansinusitis.—In cases 5 and 9 the condition found was that of Pansinusitis.

In Case 5 pus was present in all 6 sinuses, and in Case 9 there was a similar distribution of thick yellow pus.

In Case 4 all sinuses were haemorrhagic.

In contrast with these findings it is worthy of note that in Cases 6, 13, 16, 18, 19, 24, all the sinuses were devoid of exudate and not haemorrhagic although in all these cases the tonsils were diseased at the time, or as in Case 19 had previously been removed.

Diseased conditions of the lymphoid tissue of Waldeyer's Ring.

In 23 cases the tonsils were found on admission to be diseased, and were removed in 22 cases, these together with 4 cases where the tonsils were removed prior to admission, comprize 27 cases where tonsillar disease was or had been present out of 28 cases of mental disorder. Only in 1 example, Case 17, were the tonsils considered not diseased. The tonsils were hypertrophic and purulent in Cases 1, 5 and 25, hypertrophic and septic in cases 21 and 24, abscessed in Case 4, bilateral old quinsy in Case 10. In Cases 6, 11, 16, 26 and 23 they were septic and in cases 2, 3, 7, 9, 12, 13, 15, 22 and 27 they were purulent.

Chronic tonsillitic fibrous changes were observed in Cases 8, 19, 20 and 28. In Case 12 the tonsillar tissue had been largely removed but some remaining on the right side was still purulent.

Adenoids were present in Case 16.

Diseased conditions of the ear.

This series includes 3 cases in which septic disease of the ear was present.

In Case 12 the left tympanic membrane was completely destroyed.

In Case 27 there was bilateral chronic otitis media and in Case 28 there was a left chronic otitis media. In Case 28 the principal diseased conditions were left-sided—left sphenoid and left otitis media. In these long-standing ear conditions the possibility of chronic mastoid disease has always to be reckoned with—see Report from this hospital for 1935—but in Case 28 radiographic examination showed a remarkably good picture of apparently healthy mastoid cells.

Cutaneous Sepsis.

The series has 4 cases which illustrate the association of cutaneous sepsis with oronasopharyngeal sepsis and mental disorder.

Case 2 had a septic dermatitis over trunk and limbs.

Case 5 had a septic state of the skin by picking it but after extraction of 2 septic teeth this practice ceased and the skin healed.

Case 13 was in a state of stupor, nevertheless he constantly picked septic papules and large areas of skin on chest, back of neck and arms were abraded and became rapidly inflamed with spreading streptococcal infection.

Case 22 had a very severe acne eruption of face, chest and back.

Case 23 developed extensive cutaneous pyaemia which was found to contain *Streptococcus Faecalis*.

Albuminuria.

Was present in Case 6, but following treatment of sepsis in teeth and tonsils this ceased.

Carriers of Infection.

The series contains two examples of carriers of infection, only discovered by routine bacteriological examination, none of the usual clinical indications being at all apparent.

In Case 15 a dysentery (B.Sonne) carrier state appeared to be present, bacteriological examination of faeces being positive on two occasions prior to dental treatment, but on four occasions, after dental treatment had been completed, the faeces were consistently negative for this organism. On no occasion was there any clinical evidence of dysentery, and the general physical and mental improvement following the treatment of sepsis supported the conclusion that the carrier state had ceased. It is concluded that this infection had been recently acquired, and was liable to become potent in the body of an individual already debilitated from oronasopharyngeal sepsis, that its toxæmia was already beginning to be operative and had assisted in causing the psychotic state and suicidal attack and that, later, if the septic state had been left undisturbed the dysentery infection would have manifested itself in an attack of clinical dysentery.

In Case 23 a diphtheria carrier state was present but there were no clinical indications thereof. On bacteriological examination by culture of the return irrigations from the sinuses, during the process of a Watson-Williams' suction exploration of their contents, and of nasal swabs, diphtheria bacilli were found in all the sinuses except the right antrum.

Gynaecological.

Case 3 was an example of chronic septic cervicitis associated with old laceration of cervix uteri and retroversion of corpus uteri. These were treated by ring pessary, dettol douches; the removal of sepsis elsewhere also had a healing effect on the cervicitis. Case 4 was an example of Puerperal psychosis, the first symptoms being shown six days after birth of child. There was some gynaecological sepsis, the cervix was torn and there was an ischiorectal abscess. Treatment of this local and tonsillar sepsis with healing, however, failed to effect mental recovery, this only ensued after radical treatment of dental sepsis had been effected much later.

Disturbances of Menstruation.—In the twelve female cases in the series there is record of the menstrual appearances in eight cases. In only one of these eight cases, Case 7, was menstruation regular throughout the illness, before admission to and during residence in mental hospital. This case was the subject of Menstrual exacerbation reactions, all symptoms, including headaches and conduct, were greatly accentuated pre and during menstrual periods.

Amenorrhoea.—In Case 1 menstruation had been regular up to admission but thereafter ceased during the whole period of treatment and had not returned on discharge.

In Case 4 amenorrhoea of two years duration ceased only three months after completion of dental treatment.

Case 5 had had amenorrhoea for some months prior to admission and it continued for five months after admission, ceasing after treatment of dental and nasopharyngeal sepsis and a course of non-specific therapy, using colsul.

In Case 6 amenorrhoea of four months ceased after treatment of dental sepsis.

With Case 9 there was amenorrhoea on transfer from another hospital and it continued here but ceased after six months residence following treatment of dental and nasopharyngeal sepsis and a course of non-specific therapy, using colsul.

In Case 10 amenorrhoea of seven months ceased after treatment of dental and nasopharyngeal sepsis and a course of colsul.

In Case 28 amenorrhoea ceased after treatment of oronasal sepsis.

Dysmenorrhoea.—There is less evidence of the occurrence of dysmenorrhoea in the cases, but it appears to have been present during amenorrhoea in Case 10 who screamed that she was having labour pains at times suggestive of moliminal dysmenorrhoea.

Sex Ideas and Conduct.

In four cases symptoms referable to loss of control of the sex instinct and in a fifth the delusion of pregnancy were manifested. All these symptoms ceased after radical treatment of sepsis.

Case 9 on transfer was stated to be "markedly hypersexual and calls out for men all day long."

In the medical certificate it was recorded that she had said that "her organs have passed to her mother and that her womb has dropped out." The septic state discovered in Case 9 was very closely paralleled by that of Case 20, and here the sex symptoms were similar, although of the opposite sex. As in Case 9 following treatment of the septic state nothing further was heard of these sexual obsessions.

Case 24, prior to removal of large septic tonsils, on one occasion, spent one whole day in continuous masturbation. After their removal no further masturbation was shown during the course of the case.

Case 26, after an attack of what appeared to be encephalitis lethargica, but which now appears to have been infantile paralysis with associated confusion from toxæmia of sepsis, showed a change in character which manifested itself in sexual offences, violence and bestiality. Three months prior to admission he was found attempting to interfere with a bull terrier. He attempted to rape his niece, aged 8 years, and hung about outside an inn approaching young girls. There was gross sexual desire.

After treatment of cephalic sepsis the mental confusion abated, he realized he had been mentally ill and that the offences he had committed were grave. He promised not to do such actions again. He had not displayed any perversion of the sexual instinct whilst in hospital.

There was reason to believe that Case 10 had taken a risk which would support her delusion that she was pregnant, although repeated medical examination and reassurance failed to remove the idea or calm the associated display of emotional excitement.

Further support to her idea was provided by the amenorrhoea which obtained.

However, after treatment of oronasopharyngeal sepsis, the delusion of pregnancy ceased completely, and this before the return of menstruation.

Treatment.

The Series illustrates the principal effective therapeutic, surgical and medicinal, measures which have been in use during the year.

Removal of septic and/or irritative areas and conversion of "closed" into "open" sepsis.—Every case in the series illustrates one or both of these surgical procedures and whilst, as will be submitted, great benefits may accrue from the removal of areas from which poisoning is inflowing, of parts dead or riddled with septic disease, or by the conversion of defective or deficient

drainage of disease cavities into efficient outflow, yet in most cases there must still be areas of tissue containing infection, pure or mixed, superficially or deeply situated, constituting residual sepsis, to combat which the body may, and in these cases of mental disorder generally does, require further help in order to discharge or mitigate the infection and relieve the toxæmia.

In some cases, as in Case 27, removal of one moiety of sepsis, a few diseased teeth, together with medicinal measures may be sufficient to effect an amelioration of mental confusion and depression although there may be much septic disease still left.

Whilst combined treatment, broadly regarded, may be necessary to produce the best results, yet in the cases in this series it is possible to indicate some of the beneficial effects which have been attributed to the surgical procedures alone, some have been subjectively, others objectively observed.

Case 2 was able to recognize that "washing out my nose cured my headache"—and it was no ordinary headache.

In Case 3 the drainage of an hæmorrhagic right antrum, permitting full aeration and efficient discharging space for pus, gave great relief and her improvement was well marked from this time.

Case 5 showed marked improvement, took more interest, showed less depression and suicidal tendencies ceased, after drainage of sphenoid and antra.

Case 6 after dental treatment was less resistive to nursing attention, although still confused. Menstruation returned and she became brighter and generally more amenable.

In Case 7 there was subjective evidence of improvement in visual capacity following removal of purulent tonsils and irrigation of nasal sinuses.

Case 8 was happier and brighter after washing pus out of right antrum, although that cavity had a large drainage opening. In this case, although part of the necessary treatment had been done prior to admission, there still remained the removal of some dental sepsis and detoxication by pyrexia.

Case 10 after removal of diseased tonsils and treatment of purulent sinuses was less deluded.

Case 11 said he felt a new man after the removal of septic tonsils.

Case 16 on recovery volunteered that the "messages" and "voices" had ceased after tonsillectomy.

The effect of the removal of "closed" sepsis in one locality on a septic state in another locality was strikingly shown in Case 15. This case was admitted with foul oral sepsis and a gaping cut throat wound down to the opened trachea, with surgical emphysema of tissues of neck, chest and abdomen, the whole area becoming infected and intensely septic. However, as the septic teeth were removed the septic state in the neck diminished, receded and eventually completely healed, enabling normal breathing.

Accompanying this was an improvement in the mental state. These effects obtained in spite of the fact that tonsillar sepsis was still present, although later removed.

Case 19 is an example where the condition dealt with appears to have been to a large extent one of irritation of dental origin, with a minimum of sepsis.

In Case 23 it is noticeable that there was no further pyæmic appearances after draining of the septic sinuses and the patient stated that he first realized his surroundings after removal of septic tonsils.

Serotherapy.—In a number of cases resort has been had during the year to the use of serum and several cases in the series illustrate serotherapy. The principal serum which has been used has been antistreptococcal (scarlet fever) serum (B.W. & Co.) to combat streptococcal invasion before and after operative procedure.

In Case 11 after operation on the nose and throat healing had been slow on account of sepsis, but the administration of serum resulted in rapid healing.

There can be no doubt that the recovery of Case 13 turned on the administration of this serum. In a state of extreme confusion and agitation, which eventually reached the stage that all he could do was to stand and mechanically pick, and otherwise abrade his skin, in which, as a result of infection thus obtaining entrance, a streptococcal inflammation appeared and spread over large areas of skin on front of chest, back of neck and arms, in spite of constant care and attention. The effect of 30 c.c. of this serum was to cause healing of all the areas except at the back of the neck, and even here the condition was improved, as he now abraded even this area less, in other words there was by the administration of the serum also less of the motor manifestation of fear.

Dental treatment was now given, and as the extraction sites were slow in healing, serum was given and this did facilitate healing. This serum had again to be used after the removal of septic tonsils for the same reason. He had therefore 110 c.c. in three separate courses of injections. Care had been taken to avoid anaphylaxis by desensitising before each course.

Two effects obtained from the use of this serum. Healing was facilitated in tissues which might otherwise have sloughed extensively from streptococcal extension, and in the last phase of the serum treatment, considerable mental improvement was noted, the confusion lessened considerably.

One concludes therefore that he was a case in whom there was a paucity of immunity to streptococcal infection and toxæmia and that that toxæmia had, in his case, over a period of years undermined his vitality and produced the mental collapse.

For similar reasons the serum was given to Case 14 before and after treatment of oronasopharyngeal sepsis and here two courses were given, appropriate steps for desensitization being taken before each course. In the same way to combat infection and assist healing 20 c.c. of the serum were given to Case 16 after removal of septic tonsils and a pad of adenoids, and it is recorded that after this combined treatment, an improvement could be seen in both mental and physical states. He was very much less confused, able to converse, not hallucinated and apparently rational.

In Case 18, 30 c.c. of serum were given to assist healing after removal of tonsils showing chronic inflammatory changes. Within a week of the completion of this treatment he was considered fully recovered and able to work out of doors without fatigue.

Case 20 had carried a load of sepsis for a long time and the application of this serum treatment did not produce such gratifying results as were more immediately shown in the preceding cases. Further treatment had to be given before comparable results were attained.

Case 22, owing to the toxic state present on admission, received in all 40 c.c. of serum prior to removal of septic tonsils.

Case 23, the subject of streptococcal pyæmia, received in order to combat the gross toxæmia manifest on admission, 30 c.c. of this serum but it had no obvious effect on the mental state. Surgical removal and drainage had to be carried out.

Case 26, to assist in healing following removal of septic tonsils and irrigation of nasal sinuses, received 10 c.c. of this serum. The same combined effects already noted, of local healing and improved mental state, such as diminished confusion and depression, after removal of, or drainage of closed, septic areas, following the administration of serum may be observed but perhaps only for a very brief period in cases of sepsis with defective drainage.

Such a brief dual improvement, lasting for a few days, was seen in a young man (D.F.), a case of abscessed impacted, unerupted wisdoms, where partial, but defective drainage (causing foul foetor oris) obtained.

Prior to the administration of the serum the patient lay constantly fully down in the bed, was depressed, unable to concentrate and confused, but after a course of serum he sat up in bed, took food himself and displayed interest and initiative, and at this time there was an increase in the discharges of pus from around the abscessed molars.

After a day or two of this improved mental state relapse could be seen developing. The diseased teeth were removed and the relapse was averted. The patient was later discharged from certificate.

To assist in dealing with the diphtheria findings in Case 23, 30 c.cs. of antidiphtheritic serum were given, but whilst the general condition appeared to be improved it had no effect on the carrier state.

Non-specific Therapy.—An extensive reference to this mode of treatment is made in the contribution from this hospital to the Eighteenth Annual Report of the Board of Control for 1931, where the various phenomena associated with its use are discussed.

By engendering pyrexias, the varying intensity depending on the patient's individual capacity to respond rather than on the agent or its dosage, it would appear that the two agents, T.A.B. vaccine and colsul (Crookes'), a preparation of colloidal sulphur, act beneficially by causing a dissociation of any thermolabile combination of toxin and tissue.

By causing focal reactions in and around areas of chronic sepsis, increased discharges may be induced either in areas of "open" sepsis or in "closed" converted into "open" sepsis, resulting in diminished absorption from these areas and hence diminished toxæmia and symptoms. There is reason to conclude that T.A.B., colsul, and collosol calcium (Crookes') all have this action.

Some Pyrexial Effects evoked by Non-specific Therapy.—The pyrexial range evoked both by colsul and T.A.B. are very varied and appear to depend on the patient rather than on the agent or the dose.

Some Colsul Pyrexias.—Case 5 gave a maximum pyrexia of 101.4° F.

Case 6 gave a maximum pyrexia of 101.8° F.

Case 7 gave a similar maximum pyrexia but in addition there appeared a well-marked herpes on the upper and lower lips.

Case 9 on the first course of colsul had a maximum pyrexia of 102° F. and on the second 103° F.

Case 10 had a maximum pyrexia of 104° F.

Case 11 had a maximum pyrexia of 103° F.

Case 13 gave pyrexias, including 103.4° F., 103.6° F., 104° F., twice.

In Case 16 pyrexias were evoked of, 101° F., 104.2° F., 103.8° F., 104.8° F. and 105.2° F.

In Case 21 pyrexias varied from 102.6° F. to 103.8° F., and in Case 22 from 100° F. to 103.4° F.

Some T.A.B. Pyrexias.—Case 4 had a maximum pyrexia of 103° F.

Case 18 had pyrexias of 103.4° F. and 103.6° F.

Colsul and T.A.B. Pyrexias.—In a few cases both agents have been given in the same case although under somewhat different circumstances.

In Case 12 colsul gave a maximum pyrexia of 102.4° F., T.A.B., given later, of 102.2° F.

In Case 20 colsul gave pyrexias ranging from 99.6° F. to 103.6° F. and T.A.B. evoked from 99.2° F. to 100.4° F.

In case 24 colsul evoked pyrexias ranging from 99.4° F. to 102.2° F. and T.A.B. from 99.4° F. to 100.4° F.

In Case 25 colsul evoked pyrexias from 101.6° F. to 103.8° F., a first course of T.A.B. of 104.2° F. to 104.8° F., and a second course of T.A.B. of 101.4° F. to 103° F.

Mental and physical improvement after non-specific therapy.—Several cases in this series illustrate the beneficial effect on the physical and mental health of the application of non-specific therapy, and this improvement has generally been apparent after necessary surgical treatment has been carried out.

In Case 4 it was considered that sufficient of such necessary surgical treatment had been given, and both T.A.B. and colsul were given but without avail. Later, it became clear that further surgical work was necessary and when it was done mental and physical improvement ensued.

Other cases in the series show that this therapy is effective when used as described, and the evidence is both subjective and objective.

Case 5 had colsul injections after surgical treatment of a pansinusitis and septic tonsils. After the injections she seemed much brighter and happier and menstruated for the first time since admission. Thereafter there were no relapses.

Case 6 had colsul after removal of septic tonsils and after these injections all fear, delusions, negativism and in fact all symptoms displayed on admission disappeared.

A writer has deprecated the use of colloidal sulphur parenterally on account of possible damage to the kidneys. This Case 6 had albuminuria on admission, but, after completion of treatment, there was no albuminuria and there was improved muscle tone.

Case 7 after a course of colsul, following surgical treatment, was able to thread needles and sew without glasses, a thing she had not been able to do for some considerable time.

Case 9 after surgical treatment of gross sepsis had five courses of non-specific therapy, calcium, colsul and T.A.B. and gradually following them improvement, mental and physical, ensued.

Case 10 after surgical treatment had a course of Colsul. After this she improved daily, became perfectly well behaved, cheerful and could laugh at her former delusion.

Case 11 was similarly improved mentally after a course of colsul following surgical treatment.

It was during the course of colsul that Case 13 came to himself and the hallucinations ceased.

In Case 14 the colsul course was followed by limited mental improvement but whilst he was useful he was not recovered. It was however possible to X-ray him and thus to explain the lack of complete success of the treatment—further surgical treatment was necessary. This case supports a similar example in Case 4, already described. As in her case success followed completion of necessary dental treatment.

In Case 20 after surgical treatment had been concluded both colsul and T.A.B. were given and it was during and after their administration that the symptoms began to diminish in severity and finally to cease.

In Case 25 non-specific therapy, using both agents, and two courses of T.A.B. was followed by considerable mental improvement which appears to be consolidated after discharge.

In this relation it may be mentioned that some cases of general paralysis and old standing syphilis have during the past year been treated with combinations of tryparsamide and colsul, the tryparsamide is given while the pyrexia is rising from the action of the colsul.

Chemotherapy.

Manganese.—In 2 cases in the series manganese—in the form of collosol manganese—was used in the treatment of skin conditions.

In Case 22 it was employed after removal of septic tonsils and the combined treatment had an ameliorating effect on the acne eruption.

In Case 13 a short course of manganese was employed to assist healing of cutaneous sepsis.

Prontosil and Sulphonamide.

There is such a considerable testimony in general practice to the value of these agents in the treatment of conditions of streptococcal infection that any report on their utility in similar conditions occurring in cases of mental disorder would be hardly worth recording, were it not for the fact that there appears evidence that these agents may also have, in some cases, an action of ameliorative character on the mental state, by reasons of their antibacterial activity.

In previous communications attention has been drawn to the fact that bacteriological examination of the lesions of open and closed sepsis found, both in life and at autopsy, has shown the presence therein of haemolytic, as well as non-haemolytic, streptococci, rarely however in pure culture.

In some cases it has been possible to demonstrate streptococci in the urine, having reached the kidney as an haematogenous infection. Further in some cases where the presence of streptococci has thus been demonstrated it has been possible to obtain definite effects of amelioration of the mental and physical states, leading up to lasting recovery, following the use of anti-streptococcal serum (polyvalent and antiscarlet) when other modes of treatment had been without avail or had resulted only in partial improvement. There is thus an explanation for any ameliorative effect which these drugs may have on a state of mental disorder, but the fact that they have mainly a streptocidal action limits the range of their utility, because the toxæmia from the remainder of a mixed infection will still be unaffected by the treatment, although even here the reduction of a streptococcal toxæmia may be of some value but difficult to appraise.

During the past year, prontosil and sulphonamide, the latter as Crookes' colsulanyde, have been used in three categories of cases :

1. Conditions of gross sepsis with pyrexia and mental disorder.
2. Conditions of focal sepsis and mental disorder.
3. Conditions of residual sepsis and mental disorder.

Some examples illustrative of these categories are given.

(1) *Conditions of gross sepsis with, sometimes without, pyrexia and mental disorder.*

This group has included cases of mental disorder where there is an erysipelatoid inflammation of the face, arising from deep sepsis, such as nasal sinuses, or lymphatic gland infection involving the skin from tonsillar sepsis; or cases of puerperal sepsis.

CASE A.

R., female, single, aged 28, nasopharyngeal (familial) sepsis since age of 3 admitted in a state of mental confusion in May, 1936. Chronic posterior sinus disease with little or no exudate, made no improvement following treatment, in fact developed catatonic symptoms. Unconnected with treatment in December, 1936, she developed low grade facial erysipelatoid condition with pyrexia varying from 101° F. to 97° F. to 103° F., facial condition spreading. Difficult to treat locally. On the seventh day of pyrexia Prontosil given, two 5 c.c. injections, temperature fell to 99° F. and next day to normal. One injection given on 9th day when temperature was normal and it thereafter continued so.

Associated was a rapid disappearance of the facial inflammation. What had lasted and developed 6 days had cleared in a further 3. Thereafter a very gradual amelioration of the mental symptoms has been shown accompanied by corresponding physical changes, return of menstruation, recovery and discharge.

CASE B.

N. H., female, single, clerk, aged 36, with chronic melancholia in whom pus had been found in a posterior ethmoid and who had, indicative of nasal venous obstruction, cyanosis of the skin of the nostrils. Unconnected with nasal treatment this cyanotic area became inflamed and an erysipelatoid inflammation spread on

to the cheeks from the nose accompanied by a rise of temperature to 103° F. Next day prontosil was given, 2 injections, and on the following 2 days, and on the 4th day temperature had fallen to normal and continued normal on the next, the 5th day, when no Prontosil was given; actually the supply had temporarily run out. On the next, the 6th day, temperature rose to 100° F., prontosil was given again and on the 2 succeeding days, 7th and 8th, by which time temperature was and thereafter continued normal. The inflammation of the skin had subsided, the cyanosed area still remaining more obvious for that reason from the rest of the skin of the face.

An improvement in the mental state since the development of the pyrexia has not been observed.

CASE C.

A. S. is the subject of recurrent attacks of mental confusion and excitement associated with tonsillar sepsis and was aged 62 on her last admission. On the third day of her admission temperature rose to 100° F. and after falling continued to rise to daily maxima of 100.4° F., 100.6° F., 100.8° F., 101.6° F., associated with the development of a swelling of lymphatic gland in the left carotid triangle, which enlarged, the skin over it became brawny, but local treatment was difficult on account of the confused excited state. On the 5th day of the pyrexia prontosil was given by intramuscular injection and continued daily for 5 further days. On the first day of its administration (the 8th day of admission) the temperature became normal but rose again to 101° F. to fall again on the next day to, and thereafter remain, normal.

Meanwhile the condition of the swelling was improving and eventually completely resolved without pus formation.

The mental state has gradually improved since then, confusion has cleared and composure has returned.

(2) *Conditions of focal sepsis and mental disorder.*

CASE D.

L. H., a married housewife, aged 34, was admitted on December 1st, 1936, in a state of confusion with auditory hallucinations, depressed, restless and agitated with malnutrition and anaemia. There was gross dental sepsis. Her frail state was such that necessary dental extractions had to be delayed but this delay did not help the mental state and continual restlessness and agitation. Intramuscular prontosil was therefore given with the immediate result of diminished restlessness and increasing composure, so that she stayed in bed. As a result of the treatment on the infection of the dental sepsis, general and local improvement ensued, so that it was possible to proceed gradually with the extractions. There has been no return of the mental symptoms and discharge has followed the completion of treatment.

In the next case intramuscular injections of prontosil were given to stimulate healing following removal of septic tonsils, its administration here is with the same object as in cases referred to in the series where serum was used, to combat a streptococcal inflammation which is delaying healing.

CASE E.

E. S. L., single, typist, aged 27 on transfer from another mental hospital to which she was admitted in a state of mania. On admission here on December 3rd, 1936, she was in a state of exaltation. Impacted unerupted wisdom teeth and septic tonsils were found and removed. Healing was slow in the tonsil beds and indications of low-grade inflammation were manifest but this was checked and healing stimulated by injections of prontosil intramuscularly.

Case 23 of the following series who had a pyaemia due to streptococcus faecalis, the same organism being demonstrated in the infected nasal sinuses, received, after serum treatment, 3 injections of prontosil intramuscularly and had a course of colsulanyde (Crookes') powders, 3 daily, for a month. It is noted that by this time his mental state was very much improved, he co-operated in treatment and was able to converse normally.

(3) *Conditions of residual sepsis and mental disorder.*

In this group cases are included where residual sepsis, following the treatment of gross and focal sepsis by surgery and serotherapy, persists. There is no definite point or area from which it may be easy to obtain material for a vaccine, there is no pyrexia and the principal manifestation of its action is a state of reduced general health with which may be associated mental symptoms.

An example of such residual sepsis is F.T., who, as Case 12, was described in the Board's Annual Report for 1935. Following treatment therein described he has improved from a dull uninterested "dementia praecox" to a worker on the farm, but, whilst he was useful, he was not recovered sufficiently to warrant discharge in the expectation that he would be able to earn his living. There was moreover still a considerable lack of vitality and joy of life.

In view of the evidences of the presence of a chronic infective process it was considered that there was still considerable residual sepsis and he was given a course of prontosil injections. There were no untoward sequelae but on the contrary an enhancement of general health and vitality with increased interest has been shown.

Another example is Case 26 of the present series. Here, after removal of diseased teeth, tonsils and drainage of a mucopurulent antrum, 3 injections of prontosil were given to help in dealing with residual sepsis. Certainly the results were satisfactory.

Case F, is a third example; W.F.S., a married boiler attendant, aged 38 on admission on July 30th, 1936, in a state of agitated melancholia with some confusion, resistive to nursing. Watson-Williams' suction exploration of nasal sinuses found bilateral antral empyema, intranasal drainage of both antra was effected.

He was given colsulanyde powders and 9 5 c.c. injections of prontosil. The results were very satisfactory, a substantial physical and mental recovery, followed by discharge, has ensued.

There seems to be little doubt but that these agents can be of considerable assistance in some cases.

It has been pointed out that watch needs to be kept for sulphaemoglobin-aemia developing.

Spectroscopic examinations of the blood of patients who have received prontosil and sulphonamide have been made in several cases and in none of these has sulphaemoglobin been detected. It is pointed out that in relation to the administration of these agents the use of magnesium sulphate is contra indicated.

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Dr. C. A. Keane, for Cases 11, 12, 13, 14, 15, 16, 17, 18, 20, 21, 22, 23, 24, 25 and 26.

Dr. M. E. Gordon, D.P.H., for Cases 4, 5, 6, 7, 8, 9 and 10.

Dr. F. J. E. Stuhl, for Case 19.

CASE 1.—*A case illustrating the Association of Tonsillar, Oral and Nasal Sinus Sepsis with Appendicitis and Mental Disorder.*

F. 1640. M. L. W., female, aged 37 years, single, domestic servant. Admitted August 1st, 1936. First Certification.

History. Family.—Father in Mental Hospital for past 3 years. He had attempted suicide.

Personal.—Sub-acute attacks of appendicitis began towards the end of 1934. Appendicectomy performed April 1935, in quiescent interval. Convalescence was protracted but she started work in September, 1935. Acting on her doctor's advice she had a complete Dental clearance in December, 1935. Then was obliged to give up work again early in 1936. At that time she felt tired, dull and lacking in initiative and interest. Headaches became marked and frequent and were mostly frontal with pain over root of nose. They were more severe for first 2 days of menstruation and when she had a cold. She says her "nose felt thick and stuffy" but there was very little catarrh. Mental symptoms increased; she became more depressed, developed auditory hallucinations and was certified after an attempt at suicide by drowning.

On Admission. Mental.—She was depressed, unduly emotional and lay with her head covered in the bed clothes. She refused food and said she wished to die.

Physical.—She was under nourished, pale and in poor general health.

Progress of Case.—August 8th, 1936. X-ray showed both jaws completely edentulous. September 15th, 1936. Ear, Nose and Throat Examination showed hypertrophic Tonsils containing pus and muco-pus in both nasal passages.

Up to this time there was no improvement in mental state and she had become resistive to nursing.

Though menstruation had been regular up to admission she had now missed one period.

October 13th, 1936. Under general anaesthesia a full sinus examination was carried out. Pus was found in both Ethmoids, Antra were clear. The Sphenoids were not entered and the bone here was found to be densely sclerosed. Argylol 10 per cent. was introduced into Ethmoid cells and Antra.

October 16th, 1936. X-ray of Sinuses showed Sphenoid and Antrum hazy on right side but no other abnormality.

November 10th, 1936. Dissection of Tonsils under General Anaesthesia. Improvement mentally and physically began about the end of October and continued steadily. She began to eat and sleep well, take an interest in things and brighten up generally.

In December she got a mild attack of Influenza but quickly recovered from this and her mental state was not affected. She had now put on 2 stones in weight and in January, 1937, was going out on leave of absence. Catamenia had not yet been re-established.

She was discharged from the hospital on February 11th, 1937. She was bright, cheerful, free from hallucinations and able and ready to employ herself usefully.

CASE 2.—*Recovery from Melancholia following Treatment of Tonsillar and Left Sphenoidal Sepsis.*

F. 1441. E. M. F., female, aged 46, married, housewife. Admitted December 13th, 1934. First certification.

History. Family.—Not psychotic.

Personal.—Normal childhood though considered timid. Left school at 14 years and married at 27 years. Had uncomplicated diphtheria at 6 years. She described severe "growing pains" at 7-8 years and "influenza" at 10 years. First child was born 2 years after marriage.

Five years later she had a miscarriage and following this was nervous, depressed, and a year later, 1923, she attempted suicide by coal gas poisoning. After a holiday of some months she recovered and took up her household duties again. Overwork and domestic discord preceded a "nervous breakdown" in 1929 when she was admitted to a Public Assistance Institution for 12 months. In 1932 she again became anxious, nervous and depressed. She described her condition thus:—"I felt when out, that every tram might knock me down and I could not help myself." She was having frequent colds at this time.

Three months before admission she developed severe headaches in the right parietal region. She described the pain as a burning pressure which she felt she wanted to move with her hand. She put on cold compresses to ease and cool the pain. On rising in the morning she felt dizzy and had a sensation of falling straight down, but this passed off during the morning whereas the headache persisted.

On Admission. Mental.—She was depressed, agitated, confused and showed loss of emotional control. She had delusions of unworthiness and believed people were talking about her. She said life was not worth living.

Physical.—Toxic. Small septic spots over trunk and limbs. Teeth were broken and decayed with infection of the gums. Pus in both tonsils. The frontal sinuses and antra were dull to transillumination.

Early arterio-sclerosis with B.P. 100/60 mm. Hg. Pupils unequal—left larger than right. Bilateral ptosis of both lids, more marked on left side. Blood Wassermann negative.

Progress of Case.—December 31st, 1934 she had one tooth extracted and on January 14th, 1935, under general anaesthesia she had nine dental extractions and a fortnight later under general anaesthesia the remaining 11 teeth were extracted. She remained dull, depressed and retained her delusions. Dissection of tonsils was carried out on June 4th, 1935, and in the following month the depression lessened and the patient admitted she felt better.

A further ear, nose and throat examination was made on October 29th, 1935. The findings were—

Oedematous mucous membranes over both inferior turbinates with excessive mucus in both nostrils and the surgeon proceeded to make a general sinus investigation under local anaesthesia. Muco-pus was found in the left sphenoid and the other sinuses were clear. Argyrol 10 per cent. was introduced into all sinuses.

Improvement was well maintained during the winter months of 1935–36 but became especially marked from the month of April onwards. She began week-end leave in September.

She became bright, cheerful, smiled and assured us life was worth living. She said: "All treatment has done me good," but maintained that "washing out my nose cured my headache." She had put on 8 lbs. in weight since admission.

She left hospital on November 12th, 1936.

CASE 3.—*A case illustrating the Association of Tonsillar and Nasal Sinus Sepsis with Mental Disorder and Purulent Cholecystitis.*

F. 1698. A. E., female, aged 55, widow, housewife, Admitted December 10th, 1936. First certification.

Family History.—No psychotic history.

Personal.—No illnesses other than measles in early life. Was married at 20 years of age, had 3 children up to 30 years and a fourth at 43 years.

She had a complete dental clearance before the birth of the second child, when she was 26 years old. Became a widow at 49 years and in the following year, 1931, she was confined to bed for 14 weeks with acute lumbago. This pain returned at frequent intervals, her general health suffered and she became depressed and introspective. In October, 1936, she was admitted to hospital with empyema of the gall bladder. At operation this was drained. Two days after operation she became very depressed, "strange in manner," and attempted suicide by throat cutting. She was then certified.

On Admission. Mental State.—She was confused, depressed, hallucinated and deluded. She complained of machinery in her head and imagined she was being poisoned.

Physical State.—She was toxic, anaemic and in poor general health. Herpes on lips. Pupils unequal—right larger than left but otherwise normal. Early cardiovascular changes. Abdominal operation scar almost healed. Bed sores on buttocks.

Progress of Case.—December 12th, 1936, gynaecological examination revealed cervix uteri lacerated and corpus uteri retroverted—this was treated during stay in hospital by ring pessary and dettol douches.

December 14th, 1936, X-ray of jaws showed them completely edentulous.

December 22nd, 1936, ear, nose and throat examination showed general pharyngitis, tonsils fibrotic with pus in both and right antrum black on transillumination. Tonsillectomy and general sinus examination were recommended.

January 5th, 1937. The above recommendation was carried out under general anaesthesia. The sphenoids were not entered, the right antrum gave a haemorrhagic return and the other antrum and ethmoids were clear. Drainage of the right antrum was carried out and argyrol 10 per cent. was instilled into all sinuses.

Pus was washed from right antrum for 8 days following operation, giving the patient great relief. Her improvement was well marked from this time.

Her depression lessened, she lost the head noises and all delusions, and began to put on weight. By the end of January she was bright, cheerful, able to do light work and to go out on parole. She remarked at this stage on the great improvement she noticed in her eyesight and in her breathing capacity. The relative size of the pupils had not altered.

She left hospital on February 11th and then said she felt she had "been remade."

CASE 4.—A case where Mental Recovery was apparently delayed as a result of Dental Conservation but ensued following further Dental Treatment.

G. L., age 23 years, married, admitted October 24th, 1933, housewife.

Family History not known. First symptoms shown six days after birth of child.

Admission. Physical State.—Height 4 ft. 11 in. Weight 6 st. 3 lb. Her general health was poor, she was thin and very anaemic. Heart sounds poor in quality and there was a mitral systolic murmur and reduplication of second sound in pulmonary area. B.P. 100/72. There was evidence of parturition, the cervix was torn and there was an ischio-rectal abscess.

Mental State.—Was excited, restless and deeply confused. Deluded and hallucinated, tore up her clothing and chattered to imaginary voices. At times was impulsively violent.

Course.—October 27th, 1933. Radiography of jaws took place but on dental examination treatment was not recommended then nor at another examination on April 20th, 1934.

November 21st, 1933. Ear, nose and throat examination and was recommended for tonsillectomy and general sinus examination.

January 23rd, 1934. Under general anaesthesia, general sinus examination and tonsillectomy performed. Right sphenoid was $3\frac{1}{2}$ in., left sphenoid $3\frac{3}{4}$ in. All sinuses were haemorrhagic. Left tonsil was buried and sclerotic, and there was an abscess in right tonsil. There was no change in her mental condition, she remained confused, deluded, noisy, restless, faulty to urine and faeces and filthy in habits.

February 8th, 1934. Began course of aqueous colsul injections intramuscularly which terminated February 22nd, 1934.

April 24th, 1934. Course of T.A.B. injections intravenously. Put up good reactions, maximum temperature being 103° . Still no change in mental condition; she was noisy and impulsive and habits were very filthy.

October 11th, 1935. Dental examination found the teeth were septic and she had three teeth extracted. Thence onward she had further extractions until on November 8th, 1935 after a final four extractions she was edentulous.

She menstruated on November 17th, 1933 and each month until January, 1934, then amenorrhoea ensued until February, 1936, menstruation therefore reappeared 3 months after completing dental treatment. In the spring of 1936 the active mental symptoms showed signs of subsiding. Her habits were less filthy, and she was gaining in weight. The improvement continued throughout the summer months. She was bright and cheerful and very willing to help with any work in the ward, her weight was 8 st. 2 lb. in September—a gain of over 2 st. in one year. Blood pressure was the same as on admission. Discharged recovered in November, 1936.

CASE 5.—A case of Confusion with Depression due to Oronasopharyngeal Sepsis.

H. K., age 24 years, female, single, clerk, admitted January 6th, 1936.

History.—Left school at 14 years, in standard 7. Had nervous breakdown 5 or 6 years ago during which she suffered from depression, insomnia and anorexia.

Admission. Physical State.—Height 5 ft. 3 ins. Weight 7 st. 5 lbs. Her general health was fair, there was no evidence of disease in any of the major organs. B.P. 125/70. Amenorrhoea for some months prior to admission. Urine, 1020, acid.

Mental State.—She was confused, dull, apathetic and actively suicidal. Deeply depressed, hostile, sullen and morose. Insisted that she was all dried up and that worms were eating her body.

On January 10th, 1936, radiography of jaws and on February 7th, 1936, she had two septic teeth extracted under ethyl chloride, after which she showed signs of improvement. She ceased picking her skin and her habits were generally cleaner. Was not nearly so restless and much less resistive.

January 30th, 1936. Examined by ear, nose and throat surgeon. There was pus in both anterior and posterior nasal spaces. On transillumination the tonsils were hypertrophic with pus in both. Antra were clear and frontals dim. She was recommended for tonsillectomy and general nasal sinus examination.

February 20th, 1936. Under general anaesthesia, general sinus examination by suction exploration. Sphenoids $3\frac{1}{2}$ ins. both communicated and pus present in both. Ropy pus in both ethmoids and antra. Sphenoids and antra were drained. She showed a marked improvement, took more interest in her surroundings and displayed less depression. At times she was quite bright and cheerful and the suicidal tendencies appeared to have ceased.

March 27th, 1936. Under general anaesthesia, tonsillectomy performed. Tonsils were large and there was pus in both.

April 18th, 1936. Commenced course of aqueous colsul (Crookes) injections intramuscularly to which she put up a fairly good reaction. Maximum temperature 101.4. She seemed much brighter and happier after these injections and she gained weight. Menstruated for first time since admission on June 15th, 1936. There was thereafter no relapses and she improved daily.

On August 13th, 1936, was discharged recovered.

CASE 6.—*A case of Confusion associated with Oropharyngeal Sepsis.*

A. E. G., single, female, age 31 years, clerk, admitted September 28th, 1935.

Family History.—Mother died from heart disease. No insane heredity.

Admission. Physical State.—Height, 4 ft. 11 ins. Weight, 7 st. Thyroid, 32 cm. She was in fair health. Heart sounds fair in quality, no murmurs present. Lungs and abdominal viscera appeared normal. B.P. 138/78. There was slight enlargement of the thyroid gland. Dental and pharyngeal sepsis. Complained of severe headaches, bad tastes and bad smells. Urine 1030 acid, faint cloud of albumen. Wassermann reaction of blood slightly positive and reaction of cerebro-spinal fluid negative. Amenorrhoea.

Mental State.—Extremely resistive, violent and deeply confused. Apprehensive. Deluded that her food was poisoned and that she was to be killed.

On November 21st, 1935 and December 11th, 1935, dental extractions under ethyl chloride. Up to second dental treatment she was very confused and apprehensive. After this her symptoms subsided a little, she was less resistive to nursing attention although still confused.

January 30th, 1936. Menstruation commenced after four months' amenorrhoea. She became brighter and was generally more amenable.

January 30th, 1936. Examination by ear, nose and throat surgeon, antra and nasal sinuses clear. Pus in post nasal spaces and in both tonsils. Antra and frontals clear. Was recommended for tonsillectomy and general sinus examination.

April 9th, 1936. Under general anaesthesia, tonsillectomy and general sinus examination performed. Sphenoids, $3\frac{3}{4}$ ins. All sinuses clear. Tonsils were extremely adherent, fibrotic and septic. Had uneventful convalescence.

From April 26th, 1936 to May 7th, 1936. Course of aqueous colloidal sulphur (Crookes) injections intramuscularly to which she put up fairly good reactions, maximum temperature 101.8°F. After these injections all fear, delusions, negativism, in fact all symptoms displayed on admission disappeared. Improvement in muscle tone and she was discharged, recovered, June 11th, 1936.

CASE 7.—*A case of Melancholia in which Recovery was associated with improvement of vision following treatment of Oronasopharyngeal Sepsis.*

A. W., female, single, aged 27, domestic, admitted June 3rd, 1936.

Family History.—Mother in mental hospital.

Personal.—Left school at 16 and following failure to complete various apprenticeships, entered domestic service. Alternating states of elevation and depression once a month for at least 15 months prior to admission. These attacks began with

fits of temper followed by noisy crying and hitting her head against the wall; she would be perfectly normal five minutes after attack. She suffered from headaches and sore throats.

Admission. Physical State.—Height 5 ft. 3½ ins. Weight 8 st. Her general state was fair, had mitral systolic murmur B.P. 124/80 mm. Hg. No evidence of disease was discovered in lungs or other major viscera. Urine 1020 acid. Was menstruating on admission and menstruation was regular throughout.

Mental State.—Was suicidal, dull, apathetic and asocial. Had delusions of unworthiness and wanted to die. Was deeply depressed; frequent fits of noisy hysteria, assuming an attitude of collapse, but pulse and colour remained unchanged. Was hallucinated. She heard voices calling to her night and day and bells ringing and also heard footsteps following her.

Course and Treatment.—All symptoms were greatly accentuated pre and during menstrual periods.

July 2nd, 1936. Ear, nose and throat examination—both tonsils buried and septic and both antra were dim. Nasal passages devoid of exudate.

July 20th, 1936. Under general anaesthesia, tonsillectomy and general sinus examination performed. Sphenoids were haemorrhagic. Ethmoids and antra clear. Tonsils were small and pus was present in both. Uneventful convalescence.

She stated that the operation had improved her vision; she could see the ward clock from her bed much better and could also see clearly to the bottom of the ward, neither of which she could do previous to the operation. Still had some headaches, but not nearly so severe. She made a very definite improvement, but there were occasions when she had fits of depression and cried copiously and hysterically.

On September 4th, 1936 and October 2nd, 1936, dental treatment, four filled teeth extracted. Conduct remained good, but still there were occasional outbursts of emotional disturbance, but all delusions and hallucinations had quite disappeared.

October 21st, 1936. Commenced a course of five aqueous colsul injections intramuscularly, to which she put up quite good reactions, maximum temperature was 101·8, P. 120, R. 24, during which herpes on upper and lower lips appeared.

After these injections she was able to thread needles and sew without glasses, a thing she had not been able to do for some considerable time. Premenstrual headaches had gone and there were no further fits of hysteria.

November 12th, 1936, discharged recovered.

CASE 8.—*A case of Recurrent Melancholia who required completion of Detoxication Treatment.*

D. M. V., married, age 36 years, housewife, admitted June 5th, 1936. First certification.

Family History.—Father suffered from fits.

Personal History.—Had operation 2 years previous to admission—tonsillectomy and antra washed out. This was the fifth attack since her marriage 5 years ago. and the attack always occurred at the end of the winter. She was depressed, nervous and was afraid to go out of doors.

Admission. Physical State.—Height 5 ft. 3 in. Weight 9 st. 12 lbs. She was in fair physical health. Heart, lungs and other organs appeared normal. She had dental sepsis.

Mental State.—She was depressed and confused and lay in bed looking into space and quite disinterested in her surroundings. She was very emotional and if spoken to tears flowed profusely.

Progress.—June 26th, 1936. She was examined by the dentist, who advised treatment by extraction.

August 2nd, 1936. Examination by ear, nose and throat surgeon, found tonsillectomy was complete. There was thick mucopus in both nostrils and antra and frontal sinuses were dark on transillumination.

On August 10th and August 24th, 1936, four septic teeth extracted under ethyl chloride.

She had periods of depression and was sullen and aggressive, but on the whole was fairly well behaved.

September 15th, 1936. Under general anaesthesia, general sinus examination performed. Both sphenoids 3½ in. and both communicate and both clear. Ethmoids

clear. Right antrum had large intranasal opening and was full of pus. Left was clear. Argyrol injected into all sinuses. Her colour and general muscle tone had improved and she was brighter and happier.

From October 1st, 1936 to October 9th, 1936, had a course of aqueous colsul injections intramuscularly to which she put up fair reactions. She maintained her mental and physical improvement and was cheerful and interested in her surroundings.

October 27th, 1936. Returned from leave of absence quiet and well behaved and stated that she did her cleaning and cooking while at home. Weight 9 st. 8 lbs.

She was discharged recovered in December, 1936.

CASE 9.—Recovery in a case diagnosed as Dementia Praecox following treatment of Oronasopharyngeal Sepsis.

D. K. B., single, age 24 years, admitted May 22nd, 1935, female, no occupation.

Family History.—Mother in Mental Hospital, grandmother in General Hospital with olivo-ponto-cerebellar disease.

Personal History.—First certification in 1923 at age of 13 years. Second certification on August 31st, 1934. The medical certificate included the following statements—

“She looks wild and excited and is continuously biting her nails. She says the maid has had contact with her internal organs and that the maid has filled her inside with poisons. Everyone’s mind in the house is influenced and dominated by the maid; her organs have passed to her mother and that her womb has dropped out. She has attacked the maid.”

This condition had been gradually developing and she became irresponsible. She was admitted to a Mental Hospital on August 31st, 1934.

On May 22nd, 1935, admitted to Birmingham Mental Hospital. The facts on the transfer sheet were as follows—

“Dementia Praecox. She is negative in the extreme, resistive to all attention, suspicious with delusions of a persecutory character. She is violent at times, and will strike at and fight with nurses or other patients. She also will try to escape on every possible occasion. She is markedly hypersexual and calls out for men all day long.”

Admission. Physical State.—Height 5 ft. 4 in. Weight 8 st. 8 lb. Her general state was fair. All major organs appeared normal.

Mental State.—She was extremely noisy, restless, violent, very deeply confused, and grossly deluded.

Progress.—May 31st, 1935. Under general anaesthesia had five teeth extracted, one of which was gold crowned tooth, and on July 5th, 1935 had further dental extractions, one of which had granuloma at apex. There was no change in mental condition. She was very resistive, violent and faulty in habits.

July 22nd, 1936. Under general anaesthesia, tonsillectomy and general sinus examination performed when thick yellow pus was found in both antra, ethmoids and sphenoids. Argyrol was injected into the sinuses and both antra and sphenoids drained. Pus was found in both tonsils.

July 26th, 1936. Further general sinus examination performed and pus was found in antra and right sphenoid, left sphenoid was haemorrhagic, right ethmoid was clear but there was some pus in left ethmoid.

She had course of five injections of collosol calcium intramuscularly from August 1st to August 20th, 1936. Mentally very little change, frequently faulty to urine and faeces. Perhaps she was a little less restless and impulsive.

October 30th. Further general sinus examination performed—right sphenoid was clear, left contained pus and both antra and ethmoids contained pus. Left sphenoid was redrained and argyrol injected into all sinuses.

Had a course of aqueous colsul injections to which she put up very good reactions, maximum temperature 102° F.

November 28th. Further general sinus examination when thick ropy pus was found in all sinuses. There was now a marked change noted in mental condition, she was much more manageable and obedient, and menstruation returned, after cessation of six months.

January 6th, 1936. Further course of aqueous colsul injections intramuscularly, maximum temperature 103° F.

After these injections she made further improvement, was pleasant with staff and patients. Now up and dressed and attending to own toilet.

March 26th, 1936. Not so well mentally, asocial, resistive; this state continued until August after which she again showed signs of improvement. Then she had a course of injections of T.A.B. vaccine intravenously, to which she put up good reactions, quiet and well behaved throughout. She then had further course of aqueous colsul injections and after this course she was very much improved and this improvement was maintained. She gained a stone in weight. Muscular tone and colour were very much better and she went on a month's trial on February 18th, 1937, to her father and on February 24th he wrote stating that his daughter was now in a better state of health than she had been for about four years and on March 14th, 1937, he wrote to say that his daughter was keeping very well and he wished her to be discharged from the hospital books.

She was discharged recovered on March 15th, 1937.

CASE 10.—*A case where amenorrhoea was associated with persistent delusions of pregnancy, both ceasing after treatment of oronasopharyngeal sepsis.*

C. R., single, female, aged 28 years, cinema attendant, admitted March 11th, 1936.

Family History.—Her father's aunt and uncle were both in a Mental Hospital suffering from delusional insanity.

Personal History.—Had catarrh and influenza and had appendicectomy done two years prior to admission. Had had dysentery at some indefinite time before admission.

Admission. Physical State.—Height 5 ft. Weight 5 st. 3 lbs. Her general health was poor and she was remarkably thin. Heart, lungs and abdominal viscera appeared normal. She had dental sepsis, the tonsils were enlarged, and she complained of severe headaches. Amenorrhoea since February, 1936, urine 1025 acid. Blood, Widal, B; Gaertner and B. Aertrycke each, 8 Oxford units. Remainder, negative. Faeces, streptococci saprophyticus and faecalis.

Mental State.—Was very deeply confused and depressed, restless and excited. Completely disorientated. Stated that electric wires were being put through her body and insisted that she was pregnant, but examination showed this was not the case, although there was reason to believe that intimacy had occurred with a man who was going to marry her but was sent to prison for embezzlement before the wedding.

Progress.—From March 21st, 1936, to March 24th, 1936, had a rise in temperature to 101°. Her throat was severely infected.

April 17th, 1937. Had septic teeth extracted. She remained noisy, restless, frequently suggesting she was pregnant. At times impulsive, grossly negativistic and had long periods of screaming and shouting. Complained of labour pains. Amenorrhoea still present.

May 1st, 1936. Had further dental extractions for sepsis; thereafter she quietened down somewhat and was able to be up and dressed in ward.

June 3rd, 1936. Complained of sore throat, her tonsils were still enlarged and infected but the enlargement subsided in a few days. She again became noisy and restless. Amenorrhoea was still present.

June 18th, 1936. Under general anaesthesia, tonsillectomy and general sinus examination were performed. Tonsils were fibrotic and adherent, old quinsy both sides. Sphenoids were both clear. Left antrum and ethmoid contained pus, right antrum and ethmoid were clear. Uneventful convalescence.

After this operation she appeared to be less deluded. She had a course of continuous colon irrigation.

August 3rd, 1936. Commenced a course of aqueous colsul injections intramuscularly to which she put up very good reactions, maximum temperature 104°. After this she improved daily, she became perfectly well behaved, cheerful and could laugh at her former idea of being pregnant, saying "I must have been very confused and muddled to have thought that I was pregnant."

October 7th, 1936. She was out on leave of absence for a few hours—returned bright and cheerful.

October 16th, 1936. Menstruated for first time since admission. No disturbance mentally or physically. Weight 6 st. 4½ lbs. She continued to improve and was discharged, after a period of trial, recovered on December 10th, 1936.

CASE 11.—*A case of confusional psychosis associated with nasopharyngeal sepsis.*

J. M. O'T., male, married, aged 32 years, tinsmith, admitted to Mental Hospital February 27th, 1936. First certification.

History.—Always subject to colds and catarrh. Had been generally ill for 2 months, including increasing depression and bad smells and later, "voices." No history of insanity in family.

Condition on admission. Mental state.—Acutely confused and restless. Incoherent, deluded, unable to give an account of himself.

Bodily Health.—General physical condition poor. Edentulous. Pus in nasopharynx and in both tonsils. Wassermann reaction negative in both blood and cerebrospinal fluid. Colloidal gold curve negative. No evidence of organic disease in nervous system.

Progress.—Radiographic examination of jaws showed a completely edentulous state. There was no mental improvement up to May, 1936 during which month three continuous colon irrigations returned large flakes of mucus. On May 28th, 1936, there was sufficient improvement in the physical condition for tonsillectomy and general sinus examination to be performed. Thick pus was found in the left antrum which was drained. Tonsils were fibrous, nodular and septic.

In June, 1936, antiscarlet streptococcal serum—10 c.c. every other day, for 3 injections—resulted in rapid healing of the throat, which up till then had been slow.

Review of nose on July 7th, 1936, showed that removal of portions both middle turbinate bones and polypi was required. This was done on July 23rd, 1936.

At this time there was still no improvement in the mental state. He remained confused, incoherent, futile and hallucinated. In August, 1936, commenced an intramuscular course of aqueous colloidal sulphur, 0.5 c.c. being given and increasing by 0.5 c.c. every other day until 2.5 c.c. had been reached. Good pyrexial reaction. There was no reaction from the first injection, the second gave 102°F, the third 103°F, the fourth 101°F, the fifth 102°F. On August 19th, 1936 he was improved both mentally and physically. There was much less confusion and he was able to converse for short periods; weight had increased by nearly 2 stones. No hallucinations or delusions were now expressed. This improvement continued and on September 1st, 1936, he was well orientated for time, place and person. Cheerful, realised he had been mentally ill, grateful for treatment, said he felt a new man after removal of tonsils. Colour and muscle tone good. Now worked out of doors and went on weekend leave. Weight now 10 st. 1 lb. as against 8 st. 3 lbs. on admission. Discharged, recovered, on September 10th, 1936.

CASE 12.—*A case of Manic-depressive Psychosis without recovery until after complete clearance of Septic and unerupted Wisdom Teeth.*

W. A. P., male, single, aged 18 years, van-boy, admitted to Mental Hospital on May 20th, 1935.

History.—Detained at Poor Law Institution under section 24 of Lunacy Act from September 10th, 1934 to January 18th, 1935. Re-admitted there April 1st, 1935, certified April 11th, 1935, stuporose condition. Certificate withdrawn April 11th, 1935 because ward shut with infectious disease. Re-certified April 19th, 1935 and withdrawn because he developed bronchitis with pyrexia. Frequent colds. Discharge from left ear when a child. Reached Standard 7 at 14 years.

Condition on admission. Mental state.—Quite apathetic, unable to speak, resistive, grossly stuporose. Stared vacantly into space. Required spoonfeeding.

Bodily Health.—General state poor. Gross oral sepsis. Left tonsil previously removed, remains of right contained pus. Left ear drum completely destroyed with adhesion between anterior and posterior walls. Wassermann reaction negative in blood. No evidence of organic disease in nervous system. Ophthalmological examination negative.

Progress.—Continuous colon irrigations were commenced and continued at intervals throughout treatment.

In August, 1935 he was still stuporose and vacant but had improved physically so that under short anaesthesia on August 30th, 1935 three septic teeth were removed. After this he became more interested in his surroundings, was able to speak occasionally. On September 13th, 1935 he complained of toothache, one tooth was extracted

from the upper jaw and an abscess around it opened. Further mental improvement followed, the patient being able to be up and about, working in the ward, conversing rationally and without confusion.

On October 21st, 1935, under general anaesthesia tonsillectomy and general nasal sinus examination were carried out. Both sphenoidal sinuses were excessively haemorrhagic. Anterior ethmoids contained pus. The left antrum contained very much pus and was drained intranasally.

This was followed by short course of intramuscular aqueous colloidal sulphur, 0.5 c.c. being given and increasing by 0.5 c.c. every other day until 2 c.c. were given. Fair pyrexial reactions. The first injection did not result in any reaction, the second gave a temperature of 101.4° F., the third 101.8° F., the fourth 102.4° F. On November 13th, 1935 he was cheerful, well-orientated, realized he had been mentally ill, was grateful for treatment. Had been on short leave, worked out of doors. Had gained weight. Discharged on one month's trial on November 21st, 1935. Three days later he was returned to hospital in a state of elation, singing, laughing and talking incessantly. It transpired that he had indulged in alcohol while on trial. In December, 1935 began short course of intravenous T.A.B. at 4-daily intervals, 0.025 c.c., 0.05 c.c., 0.1 c.c., 0.2 c.c., and 0.3 c.c. being given.

The first injection produced a temperature of 100.6° F. but no rigor, the second 99.6° F., and no rigor. The third gave 102.2° F. with rigor lasting 35 minutes, the fourth 101° F. but no rigor. The fifth gave 100.6° F. and no rigor. Radiographic examination of jaws showed the presence of right lower unerupted impacted wisdom and left lower unerupted wisdom, both ill-formed and encapsulated. These were removed under general anaesthesia on February 28th, 1936. It was of special interest at this time that his teeth were rapidly deteriorating with pronounced marginal sepsis. Five septic teeth were removed under short anaesthesia on March 27th, 1936, and five further septic teeth on April 10th, 1936. On April 21st, 1936 he was still emotionally unstable and in a state of mild elation. Talkative, occasionally violent and apt to be persecuted. On April 24th, 1936, 2 septic teeth were removed, the mouth being declared as now healthy, but a further dental review in June showed the remaining teeth to be markedly septic. On June 24th, 1936, 9 septic teeth were removed under short anaesthesia, the patient now being edentulous.

In August, 1936 he began to improve both mentally and physically. More composed and rational, worked out of doors, cheerful and contented.

Further general nasal sinus examination on August 25th, 1936 showed all sinuses to be clear. Argyrol was injected into each. On September 1st, 1936 he was quiet, well-behaved, cheerful, well-orientated, realized he had again been mentally ill. Said he was glad he had his teeth removed because he now felt much better. Objectively he was more mature.

Worked out of doors, had been on short leave. Colour and muscle tone much improved. Had gained 2 stone 11 lbs. from 8 st. 10½ lbs. on first admission in May, 1935.

Discharged on 1 month's trial on September 10th, 1936, being finally discharged recovered on October 8th, 1936 and has not returned to hospital.

CASE 13.—*A case of Stupor associated with Oropharyngeal Sepsis.*

C. N., male, married, aged 33 years. Contractor. Admitted to Mental Hospital on June 25th, 1936. First certification.

History.—Had been ill for 4 weeks with depression, loss of appetite, restlessness, loss of weight and excitability. Admitted to general hospital for investigation but apart from sepsis no further organic change was discovered. Became confused, wet and dirty, stuporose. Admitted to mental hospital. A sister had had an attack of stupor and made a good recovery, following removal of septic tonsils and a course of non-specific protein therapy.

Condition on Admission. Mental State.—Very restless, emotional, confused, incoherent, auditory hallucinations, unable to give an account of himself. Apprehensive.

Bodily Health.—General state poor. Teeth septic. Lower poles of both tonsils present and contain liquid pus. Wassermann reaction negative in blood. No evidence of organic disease in nervous system.

Progress.—Extreme agitation, restlessness and confusion continued and he picked large areas of skin from chest, back of neck and arms. Required constant

care and attention. 30 c.c. antiscarlet streptococcal serum were given (10 c.c. every other day) soon after admission and the picking became reduced and the sores began to heal, except the back of neck whither his fingers constantly went.

On July 17, 1936, under short anaesthesia 5 septic teeth were removed, to be followed by a further course of 30 c.c. antiscarlet streptococcal serum intramuscularly. A further dental review found the jaws healing very slowly, but on August 14th, 1936, 5 further septic teeth were removed under short anaesthesia.

Six further septic teeth removed on August 28th, 1936, the patient now being edentulous.

After this he became less restless and confused and less apt to pick at his neck sores. Lay quietly in bed in a rather apathetic state without much interest in his surroundings. In September-October, followed courses of colloidal manganese intramuscularly 1 c.c. being given for 3 injections, 1 every 3rd day.

On October 7th, 1936, while still confused, restless and hallucinated, tonsillectomy and general nasal sinus examination were performed. All sinuses were clear and argyrol was injected into each. Tonsil stumps fibrotic and full of liquid pus. Definite improvement was now rapid. Now ceased picking at his sores and they healed rapidly, his apprehension was lost, he began to talk coherently, took an interest in his surroundings. Colour improving. Immediately after operation began a further course of antiscarlet streptococcal serum intramuscularly 10 c.c. were given every other day for 5 injections making a total of 110 c.c. since admission. Considerable mental improvement was noted during this course, confusion had lessened considerably. On October 27th, began course of aqueous colloidal sulphur intramuscularly, 0.5 c.c. being given, increasing by 0.5 c.c. every other day until 2.5 c.c. had been given. Good pyrexial reactions. The first gave temperature of 104° F., the second 101.4° F., the third 103.6° F., the fourth 103.4° F., and the fifth 104° F.

During this course he began to ask how it was that he had come to this hospital. Apparently had no memory of admission, nor did he realize until told, that it was a mental hospital. Remembered hallucinations which had ceased during sulphur course. On November 28th, 1936, he was cheerful, rational, well-orientated, happy and contented. Realized he had been mentally ill, was grateful for treatment. No mental symptoms or signs. Colour, muscle tone much improved. Weight had increased from 7 st. 10 lbs. on admission to 9 st. 3 lbs., he now worked out of doors and was able to go home on week-end leave. Discharged on one month's trial on December 10th, 1936.

Letter from his doctor on January 9th, 1937, saying "He has done remarkably well and both he and I are most grateful to you for what you have done."

He was discharged recovered on January 14th, 1937.

CASE 14.—*A case of recent mania associated with oronasopharyngeal sepsis.*

A.M.H., male, married, aged 37 years, clerk, admitted to mental hospital on October 7th, 1935. First certification.

History.—Had been ill for one month with depression and then elation necessitating removal to a general hospital and later to mental hospital. He had always been subject to headaches and head colds. No history of insanity in family.

Condition on Admission. Mental State.—Elated, noisy, restless, abusive, incoherent, resistive, wrote rubbish. Expressed mild delusions of a persecutory type. Destructive.

Bodily Health.—General state fair, teeth septic. Tonsils showed chronic inflammation. Wassermann reaction negative in blood and cerebrospinal fluid Colloidal gold curve negative. No evidence of organic disease in nervous system

Progress.—Continuous colon irrigations were commenced and continued at intervals throughout treatment.

On November 22nd, 1935, began short course of antiscarlet streptococcal serum intramuscularly, 10 c.c. were given every other day until 30 c.c. had been given.

On December 14th, 1935, under general anaesthesia, tonsillectomy and general nasal sinus examination were performed. Tonsils were small and fibrotic, the right sphenoid and ethmoid were haemorrhagic.

On December 20th, 1935, under short anaesthesia, 5 septic teeth were removed and then followed a further course of 30 c.c. of antiscarlet streptococcal serum. Some slight improvement became manifest in the mental state. Less excitement and incoherence, although still restless and noisy. Remained destructive.

In January, 1936, began a short course of intramuscular aqueous colloidal sulphur 0.5 c.c. being given, increasing by 0.5 c.c. every other day until 2 c.c. had been given. There were fairly good pyrexial reactions but owing to his restless and destructive condition it became increasingly difficult to take any temperature.

Improvement was now maintained. In March, 1936, he was fairly quiet and well behaved, able to be up and about doing light work in the ward.

May, 1936, saw him working out of doors, rational, well-behaved, able to converse normally. No excitement or destructiveness. Slight elation still evident.

On June 5th, 1936, under general anaesthesia, three buried roots, discovered by radiographic examination of the jaws, which was now possible, were removed, after which elation disappeared and he was able to go home on week-end leave.

On July 2nd, 1936, it was decided to drain intranasally both sphenoids. This was done and pus discovered in the right with oedematous membrane.

July 9th, 1936, weight had increased from 7 st. 4 lbs. on admission to 9 st. and he was discharged on that date on 1 month's trial, being finally discharged recovered on August 13th, 1936.

CASE 15.—A case of melancholia, in a dysentery carrier, with attempted suicide, recovering after removal of septic teeth and tonsils.

H.T.R., male, married, aged 56 years, packer, admitted to mental hospital on February 26th, 1936. First certification.

History.—Had suffered from insomnia for years, worse for past six weeks. Became irritable and depressed and attempted and almost succeeded in effecting suicide by a serious cut throat on February 23rd, 1936. Sent to mental hospital for "course of skilled psychotherapy."

Condition on Admission. Mental State.—Profoundly depressed, acutely suicidal, abnormally concerned about his bodily functions. Convinced that life was not worth living.

Bodily Health.—Considerable dehydration and marked secondary anaemia. Foul oral sepsis. Pus in each tonsil. Gaping cut throat wound on neck in mid-line, trachea being severed and patient breathing through it. Surgical emphysema of tissues of neck, chest and abdomen. Several stitches in wound, which showed signs of sepsis. Wassermann reaction negative in blood. No evidence of organic disease in nervous system.

Progress.—Stitches sloughed out of the wound after a few days, the whole area becoming intensely septic. The septic teeth were removed slowly, one at a time, in the ward.

As the load of sepsis was thus lightened by the dental treatment, a corresponding remarkable improvement in the mental state and in the state of the cut throat wound could be noted. He began to sleep well, his general state improved, and the wound healed up and he was able to breathe normally.

On April 24th, 1936, he was well enough for a short anaesthesia under which seven septic teeth were removed, making him edentulous. He was now up and about, said life was worth living, ate and slept well, had gained weight.

Examination of faeces shortly after admission showed him to be a dysentery carrier—*B. Dysenteriae* Sonne being discovered on two occasions, but no clinical evidence of dysentery occurred. Four further faeces examinations in April, June and July, 1936, were dysentery negative; that is after the dental treatment had been completed. On June 25th, 1936, under general anaesthesia, tonsillectomy was performed, and now improvement became more consolidated although there was still some slight depression, and a certain amount of apprehension. On September 1st, 1936, he was cheerful, well-orientated, realized he had been mentally ill, was grateful for treatment—his gratitude was at times embarrassing. Had been working out of doors, and had been home on week-end leave. Weight on admission, 8 st., on discharge 9 st. 7 lbs. He was discharged on one month's trial on October 8th, 1936, being finally discharged recovered on November 12th, 1936.

CASE 16.—A case of confusional psychosis associated with oropharyngeal sepsis.

C.Y., male, married, aged 31 years, cycle assembler, admitted to mental hospital, July 2nd, 1936. First certification.

History.—Apparently quite well April 14th, 1936, when he came to work in Birmingham. On April 21st wife, resident in Yarmouth, received letter in which patient complained of catarrh in head. He returned to Yarmouth on May 30th, and wife noticed discharge from his nose "like pus."

Went away again on June 3rd, getting very wet. Wife received letter on June 10th in which he said he was better, but had very "thick head." Letter to wife on June 16th said people were drilling holes in wall and watching him. Next letter stated people were making noises at him. Wife also states that patient had complained to his landlady during this time of burning sensation in left eye for which he bought an eyeshade. No history of insanity in family.

Condition on Admission. Mental State.—Elated, profoundly confused, deluded, hallucinated, foolish. Believed he had a marvellous brain and amazing powers of concentration, by which he could get in touch with people miles away. Received and sent "messages" all day long.

Bodily Health.—General state fair. Fouly septic teeth, pus in each tonsil. Wassermann reaction negative in blood and cerebrospinal fluid, colloidal gold curve negative. No evidence of organic disease in nervous systems.

Progress.—Continuous colon irrigations were commenced and continued at intervals throughout treatment.

During July, August and early September all his septic teeth were removed in four sessions without any marked improvement in the mental state being observed.

On September 25th, 1936, under general anaesthesia tonsillectomy and general nasal sinus examination were performed. All sinuses devoid of exudate, but tonsils were septic. A pad of adenoids was also removed. Then followed 10 c.c. Anti-scarlet serum intramuscularly on September 30th, 1936, and a further 10 c.c. on October 1st, 1936.

Improvement could now be seen in both mental and physical states. He was very much less confused, able to converse, not hallucinated, and apparently rational. Colour and muscle tone improved. On October 3rd, 1936, ophthalmological examination was negative. On October 13th, 1936, began course of aqueous colloidal sulphur intramuscularly 0.5 c.c. being given, increasing by 0.5 c.c. every other day until 2.5 c.c. were given. Good pyrexial reactions. The first reached 101° F., the second 104.2° F., the third 103.8° F., the fourth 104.8° F., and the fifth 105.2° F.

On October 26th, 1936, he was well-orientated, cheerful, contented and happy. Realized he had been mentally ill, was grateful for treatment. Able to converse coherently and relevantly. Colour and muscle tone good. Weight had increased from 8 st. 7 lbs. to 10 st. 2 lbs. No hallucinations or delusions. Volunteered that "voices" had ceased after tonsillectomy. After this he worked satisfactorily out of doors and was discharged recovered on November 12th, 1936.

CASE 17.—Improvement of conduct after removal of unerupted wisdom teeth in a case of acute maniacal excitement following cold in head and sore throat.

L. P., male, single, aged 19 years, book-keeper, admitted to Mental Hospital on March 21st, 1936. First certification.

History.—Developed cold in head with sore throat on March 13th, 1936. Became talkative, restless, excitable, incoherent. Rapidly became worse necessitating removal to Mental Hospital. Always subject to colds and sore throats. One sister an epileptic from birth.

Condition on Admission. Mental State.—Restless, noisy, excitable, impulsive, violent at times. Exalted, rambling and incoherent. Many fleeting delusions.

Bodily Health.—General state fair, no obvious sepsis. Wassermann reaction negative in blood and cerebrospinal fluid. No evidence of organic disease in nervous system. Tonsils not considered diseased.

Progress.—Continuous colon irrigations were given at intervals throughout treatment. Radiographic examination of jaws showed all wisdom teeth except the left lower to be unerupted and ill developed, the right lower wisdom being also impacted.

On May 23rd, 1936, he had not improved.

He was noisy, confused, impulsive, incoherent and restless. Smeared himself with fruit brought by his parents. Later smeared himself with faeces.

On June 5th, 1936, under general anaesthesia, the right lower unerupted impacted wisdom and second molar, also septic, were removed.

On June 19th, 1936, under general anaesthesia, the other two unerupted wisdoms were removed together with the first upper right molar and the left lower wisdom, all septic. The capsules of the unerupted wisdoms were markedly thickened.

On June 29th, 1936, he was much better behaved, was up and about, not restless or impulsive, able to converse moderately well as compared with incoherence on admission. Orientated for time, place and person, realized he had been mentally ill, was grateful for treatment.

There was still considerable retardation and inability to concentrate and he would have benefited by further treatment but the father insisted on discharge—the patient being in the private class. He was discharged Relieved against advice on July 3rd, 1936 and has not returned to Hospital.

CASE 18.—A case of alcoholic confusion associated with oropharyngeal sepsis and influenza.

E. P., male, married, aged 33 years, panel-beater, admitted to Mental Hospital on June 16th, 1936. First certification.

History.—Had been drinking beer heavily for years. Developed influenza in February, 1936, when he became more and more addicted to alcohol and began to be troubled with “voices.” Voices worse after a drinking bout. One week before admission he was charged with wounding a woman whom he accused of making accusations against the fidelity of his wife. Father had died in a Mental Hospital.

Condition on Admission. Mental State.—Depressed, persecuted and severe auditory hallucinations: “voices” threatened and slandered him. No insight.

Bodily Health.—General state fair. Teeth septic. Chronic inflammatory changes in tonsils. Wassermann reaction negative in blood and cerebrospinal fluid. No evidence of organic disease in nervous system.

Progress.—Continuous colon irrigations were given at intervals throughout treatment. Radiographic examination of jaws showed presence of many root infected teeth. These were removed as follows:—

On August 14th, 1936, one extraction under short anaesthesia.

On August 28th, 1936, six extractions under short anaesthesia.

A further three septic teeth were removed on September 11th, 1936.

By this time the mental state had improved considerably. Removal of sepsis and abstention from alcohol had brought about the disappearance of hallucinations and an improvement in the persecuted outlook of the patient.

On October 12th, 1936, he was quiet, well-behaved, well orientated, not hallucinated, not persecuted and able to converse rationally. Realized he had been mentally ill, was grateful for treatment. Admitted excessive indulgence in alcohol. A willing worker in the Ward. Towards the end of October, he was given short course of T.A.B. intramuscularly and intravenously. 0.5 c.c. were given intramuscularly without eliciting any reaction. Those given intravenously were 0.025 c.c. 0.05 c.c. 0.1 c.c. on successive days. The first gave a temperature of 103.4° F. with Rigor lasting forty minutes, the second gave 103.6° F. with Rigor for 20 minutes and the last 103.4° F. with Rigor for 25 minutes. Then followed, on October 23rd, 1936, under general anaesthesia, tonsillectomy and general nasal sinus examination. All sinuses were clear and argyrol was injected. Tonsils were fibrotic with chronic inflammatory changes.

On October 26th, 10 c.c. of antiscarlet streptococcal serum were given intramuscularly followed by further 10 c.c. injection on October 28th and again on October 30th.

On November 3rd, 1936, he was fully recovered, cheerful, happy, well orientated. No confusion, hallucination or delusion. Said he felt “fine,” able to work out of doors without fatigue. Promised faithfully to abstain from alcohol.

Was discharged on one month's trial on November 12th, 1936, being finally discharged Recovered on December 10th, 1936.

CASE 19.—

M.1511. E.J.W., male, single, apprentice electrical engineer, aged 17 on admission to mental hospital October 31st, 1936. First certification.

Family History.—No psychopathic family history was ascertained.

Personal History.—Had an attack of acute coryza in the winter of 1935 with residual symptoms, including tinnitus, persisting for several weeks. Passed School Certificate Examination and Combined Universities Matriculation Examination in July, 1936, and commenced practical work studying for an electrical engineer, when he developed mental symptoms which rapidly developed one week before admission. Medical examination found that he was depressed, restless, incoherent

when interrogated, that he was afflicted with auditory hallucinations and threw himself about. He talked unintelligibly—thunder and fairy stories. He imagined he heard messages, wireless and code. At the theatre he imagined everyone was looking at him.

On Admission. Mental Condition.—Confusion was the predominant symptom, and it was soon apparent that auditory hallucinations were present. Grimaces and attitudinizing were prominent. He was restless, unco-operative, and there was general hyperactivity. He was quite inaccessible to mental examination.

Physical Condition.—Temperature 98° F. Respiration 18. Pulse rate 78. Weight 9 st. 7 lbs. Height 5 ft. 8 ins. Undernourished. Heart and lungs healthy. Persistent ptosis of right eyelid. Dental, several carious teeth. E.N.T., P.N.S. Discharge both sides. A.N.S. Pus both sides. Tonsillectomy complete (age 7). Frontals clear, antra black on transillumination. Stigmata, scaphoid ears.

Treatment and Progress.—During the month following admission, the previous hyperbulia dispersed until the patient became abulic, semi-stuporose and completely indifferent to his surroundings.

About the end of the first month, when he first commenced to speak since admission, it was observed that there was a marked stammering defect in his speech. At this time a right blepharospasm was prominent in his facial activities.

December 1st, 1936. E.N.T. exploration under general anaesthesia. All sinuses found clear of macroscopic exudate. Argylol was instilled.

December 24th, 1936. Allowed up from bed. Little change in mental condition. Needed constant attention.

January 4th, 1937. Dental treatment—general anaesthesia. One unerupted upper molar and four roots extracted.

January 15th, 1937. Dental treatment—lower unerupted wisdom in malposition, a molar and a bicuspid were removed under general anaesthesia. A few days after this, improvement took place in the mental condition, until at the end of another two weeks patient answered questions relevantly but exhibited retardation of ideation and lacked insight. He was now amenable and well behaved.

January 29th, 1937. Dental treatment—two further dental extractions under general anaesthesia.

February 24th, 1937. Much improvement in mental state. Confusion and other initial symptoms had lifted, but patient was still self-engrossed, somewhat detached and vacuous. His conduct was now far more normal and his reactions more prompt than since admission. The ptosis of the right eyelid was less marked, but the stammering was still pronounced.

February 27th, 1937. Partial relapse with some confusion and restlessness reappearing. In bed for 2 weeks.

March 25th, 1937. Improvement considerable. Now no evidence of hallucinations. There was now complete facial composure and the blepharospasm had ceased. The ptosis had now cleared up and stammering was less evident. The eyelid and eyebrow levels were horizontal. When interrogated about his hallucinations, he stated that originally he heard "thunder-like noises" and later "voices." He had little recollection of the acute stage of his mental illness or of any paraesthesiae, headaches or neuralgia.

April 3rd, 1937. Spectacles prescribed.

April 7th, 1937. Speech defect much improved, stammer not noticeable. Ptosis completely gone. Now mentally composed. Considerable physical improvement—weight now 11 st. 9 lbs.

April 8th, 1937. Discharged recovered from present attack. It is expected that he will resume his work in the near future.

CASE 20.—A case of confusional psychosis with aggressive excitement associated with nasal sinusitis and dental sepsis.

E. J. B., male, single, aged 30 years, no occupation, admitted to Mental Hospital on July 31st, 1935, as a voluntary patient.

History.—Uncle had been insane. Had been in another Mental Hospital from September, 1930 to March, 1931 in a state of confusion with excitement and had been then discharged to home care. Gradually, however, symptoms reappeared and intensified. His mother, who had been able to control him in the past, now felt she could no longer tolerate his manifestations of anger and excitement. During this time various facial symptoms of twitching spasm and wrinkling forehead became worse and there was some degree of bilateral proptosis.

Condition on Admission. Mental State.—He was depressed, agitated, resistive, confused, deluded and sexually obsessed. Showed delusions of persecution, mistaken identity and unworthiness. Aggressive, disorientated, auditory hallucinations associated with periods of excitement.

Bodily Health.—General state fair. Dental sepsis present. Evidence of nasal sinusitis. Tonsils had been removed. Wassermann reaction negative in blood. No evidence of organic disease in nervous system.

Progress.—He was quite obviously unfit to remain a voluntary patient and was certified after some days. Continuous colon irrigations were given occasionally throughout treatment.

On August 3rd, 1935, under general anaesthesia, general nasal sinus examination was performed. Both sphenoids were excessively haemorrhagic and both antra full of pus, that in the right being foetid. Both antra drained, argyrol injected into these sinuses. This was followed by antiscarlet serum intramuscularly, 10 c.c. being given every other day until 30 c.c. had been given.

Radiographic examination of jaws showed 2 buried roots and 7 other septic teeth which were removed under general anaesthesia on September 20th, 1935.

Up to October, 1935, there had not been any improvement in the mental condition and on October 24th a further general sinus examination was performed.

Sphenoids were haemorrhagic, antra and ethmoids contained pus. Antral openings were enlarged and argyrol injected into all sinuses.

In November, 1935, there followed short course of intramuscular aqueous collosol sulphur, 0.5 c.c. being given, increasing by 0.5 c.c. every other day until 2.5 c.c. had been given. Fair pyrexial reactions. The first injection gave a temperature of 101° F., the second 101.8° F., the third 99.6° F., the fourth 100.4° F., the fifth 103.6° F.

Still no mental improvement. In December, 1935, followed course of T.A.B., 0.025 c.c., 0.05 c.c., 0.1 c.c., 0.2 c.c., 0.3 c.c., 0.4 c.c., 0.6 c.c., were given intravenously at 4-day intervals, after which definite mental improvement could be noted.

It is of note that very little pyrexial reaction was obtained by T.A.B. The 1st injection (0.025 c.c.) gave a temperature of 100.4° F., no rigor. There was no reaction to the 2nd, maximum temperature during the next four days and nights being 98.4° F. The 3rd injection gave 99.2° F., no rigor. The 4th 99.6° F. with slight rigor lasting only a few minutes. The 5th gave 100.4° F., no rigor. The 6th, 100.4° F., no rigor. The 7th and last injection gave 100.4° F., no rigor.

During January, February, March and April, 1936, improvement was steady with occasional relapses until in May, 1936, he was bright, cheerful, well-orientated, not deluded or hallucinated and the sexual obsessions were no longer manifested. He was able to work out of doors. The facial twitchings and spasms ceased and the proptosis was not appreciable.

He gained weight during the Summer, colour and muscle tone improved and he was discharged recovered on October 8th, 1936.

CASE 21.—*A case of confusional psychosis of sudden onset associated with oronasopharyngeal sepsis.*

E. B., male, single, aged 18 years, van-man, admitted to Mental Hospital on January 18th, 1936. First certification:

History.—Had been apparently normal to his relatives until three days before admission when he received a blow on the nose, while fighting with a workmate. Became talkative, noisy, aggressive, and then confused and incoherent. Had been indulging in alcohol. No previous illnesses. Reached standard eight at 14 years. No history of insanity in family.

Condition on Admission. Mental State.—Wildly excited, emotional, restless, resistive, aggressive, confused, incoherent, unable to give any account of himself.

Bodily Health.—General state fair. Foul oral sepsis. Gross hypertrophy and sepsis of each tonsil. Signs of nasal sinusitis. Constant winking, grimacing and facial twitchings. Wassermann reaction negative in blood and cerebrospinal fluid. No evidence of organic disease in nervous system. Ophthalmological examination negative.

Progress.—During February 1936 thirteen septic teeth were removed in three lots under short anaesthesia. In April 1936 he was more manageable and less

restless and resistive. Remained excited, incoherent and confused. Radiographic examination of jaws on April 10th, 1936, showed presence of one buried root which was then extracted.

On April 30th while still confused, incoherent and excitable, general nasal sinus examination was performed under general anaesthesia. Both sphenoidal sinuses were excessively haemorrhagic, pus being found in the right. Both ethmoids were haemorrhagic, thick pus in left. Thick pus in both antra. Both sphenoids and both antra were drained and argyrol injected into all sinuses. Soon after this operation it was noted that the winking, grimacing and facial twitchings had ceased. From now on improvement in the mental state could be noted almost each week. Confusion and incoherence became less, he was helpful, willing and able to converse at intervals. On May 15th, 1936, under general anaesthesia, tonsillectomy was performed. Tonsils were hypertrophied and septic. There followed a short course of intramuscular aqueous colloidal sulphur, 0.5 c.c. being given and increasing by 0.5 c.c. every other day until 2.5 c.c. had been given. There was no reaction to the first two injections. The third injection gave a temperature of 102.6° F., the fourth 103.8° F., the fifth 103.6° F.

On June 22nd, 1936, he was quiet, well-behaved, well-orientated, realized he had been mentally ill, was grateful for treatment. Not confused or excitable. Conversed well, colour, muscle tone much improved. Had been up and about, slept in non-observation dormitory and was able to go out working on land. Had gained one stone in weight since admission.

On July 9th, 1936, he was discharged on one month's trial, being finally discharged recovered on August 13th, 1936.

CASE 22.—A case of melancholia with attempted suicide following influenza associated with chronic tonsillitis.

R. W., male, aged 45 years, married, clerk, admitted to Mental Hospital on October 7th, 1935. First certification.

History.—Lost his job as assistant sales manager two and a half years previously. Had been in unsatisfactory employment since. Sat up many nights during father's long last illness in early winter 1934. In March 1935 developed influenza followed by pneumonia. Depressed, emotional, worried and unable to concentrate since. Spoke of ending his life. Admitted to Mental Hospital as voluntary patient.

Condition on Admission. Mental State.—Depressed, worried, agitated, unable to concentrate. Did not believe that life was worth living.

Bodily Health.—General state fair. Thin, pale. Pus in both tonsils. Wassermann reaction negative in blood. No evidence of organic disease in nervous system. Severe acne eruption of face, chest and back.

Progress.—Continuous colon irrigations were commenced and continued at intervals throughout treatment. Radiographic examination of jaws showed him to be completely edentulous.

During the first two weeks of admission he became increasingly depressed and agitated with much confusion and emotional activity. Attempted suicide by jumping from a window sill. Quite obviously unfit to continue as a voluntary patient he was certified. In view of his toxic condition, antiscarlet streptococcal serum was given intramuscularly, 10 c.c. every other day until 40 c.c. had been given. On December 5th, 1935, under general anaesthesia, his septic tonsils were removed, followed by an intramuscular course of colloidal manganese which together had an ameliorating effect on the acne eruption. On March 27th, 1936, he was much less depressed, agitation, confusion and restlessness had disappeared. Remained emotionally unstable but said life was worth living.

In April 1936, now much improved, he began course of intramuscular aqueous colloidal sulphur, 0.5 c.c. being given, increasing by 0.5 c.c. every other day until 2.5 c.c. had been given.

The first injection gave temperature of 100° F., the second 103.4 F., the third 102.2° F., the fourth 102.4° F. and the fifth 102.4° F.

On May 5th, 1936, he was cheerful, happy, well-orientated, rational, able to converse, not depressed. Was certain life was worth living and undertook not to harm himself. Realized he had been mentally ill, was grateful for treatment. Colour, muscle tone much improved. Weight had increased from 9 st. 3 lbs. on admission to 9 st. 13 lbs. Rash had disappeared except for a little on the face, a fact about which he was truly glad since on his own statement he had always had it severely. Had been out on week-end leave, worked out of doors.

Was discharged on one month's trial on May 14th, 1936, being given a further month's trial on June 11th, 1936, and being finally discharged recovered on July 9th, 1936.

CASE 23.—*A case of Confusional Psychosis with Oronasopharyngeal Sepsis and Streptococcal Pyaemia in a Diphtheria Carrier.*

A. C., male, married, aged 43 years, shopkeeper, admitted to Mental Hospital on August 10th, 1936. First certification.

History.—Always subject to "catarrh" and colds in head. First noticed to be excited and talkative on August 9th. Became rapidly confused. Sister a patient in Mental Hospital.

Condition on Admission. Mental State.—Confused, incoherent, deluded, subject to auditory hallucinations. Said he was God Almighty and could strike people dead. Continuous chattering and restlessness.

Bodily Health.—General state poor, very dehydrated. Grey pallor. Both tonsils septic. Foul-smelling pus in both nostrils, polypoid ethmoids. One septic tooth remained. Marked foetor oris. Wassermann reaction in blood, negative. No evidence of organic disease in nervous system.

Progress.—Mental condition remained stationary for the first month after admission. In order to combat the gross toxæmia, on August 14th a course of antiscarlet serum was begun, 10 c.c. being given intramuscularly on alternate days until 30 c.c. had been given. No pyrexial reaction ensued.

On August 26th the right big toe was swollen, inflamed and septic, with an eruption of numerous pustules on both legs. Two days later a small abscess appeared on the left elbow and temperature was 102° F. This slowly declined until it was again normal, on September 1st, 1936, but the abscess had not healed.

On September 15th an abscess appeared on the back of the right hand which was opened and drained. Effective treatment of all the above conditions was rendered useless by the fact that the patient constantly removed all dressings. He continued to be noisy, restless, incoherent and talkative. Required special nursing attention.

On September 19th the whole of the left upper limb on its posterior aspect from shoulder to finger was acutely inflamed and swollen. Under general anaesthesia the limb was incised along its whole length as far as the base of the fingers.

Then followed on September 19th, 20th and 21st, 10 c.c. of antiscarlet serum intramuscularly on each day.

On September 24th, 1936 an abscess had formed on the posterior aspect of the left shoulder. It was opened and much pus evacuated. On October 4th, 1936 a small abscess on the right shin and another on the right big toe were opened and drained. In treating the above conditions extra precautionary measures had to be adopted in order to prevent the patient interfering with his wounds. He required a special nurse both day and night.

Bacteriological examination of the pus from the arm gave a pure culture of streptococcus faecalis, from which a vaccine was prepared and injected in increasing doses once weekly, commencing on October 17th, 1936. By November, 14th 1936, all his wounds had firmly healed. There was a certain amelioration of his conduct. He no longer required a special nurse, sleeping quite well at night time and being less restless and noisy. There remained a profound confusion and he was not able to pursue conversation. On November 20th, 1936 his condition was well enough to warrant general anaesthesia under which general nasal sinus examination was performed. Both sphenoids and both ethmoids were haemorrhagic with pus in the right ethmoid. Antra were haemorrhagic and there was pus in the right. Specimens of the washout were sent for culture and both antra were drained intranasally. Culture showed the presence of diphtheria bacilli in all sinuses except the right antrum, while all controls were sterile. On December 1st, 8th and 12th, 5 c.c. of diphtheria antitoxin were given intramuscularly on each day. This was followed on December 15th, 16th and 17th by 5 c.c. of prontosil intramuscularly each day. He commenced Colsulanyde (Crookes) powders three times daily on December 29th, 1936. By this time his mental state was very much improved. He co-operated in treatment and was able to converse normally. He was not now incoherent, restless or talkative. Had gained weight. No further pyaemia had been noted since drainage of sinuses. On January 1st, 1937, under general anaesthesia his septic tonsils were removed as well as a polypoid right middle turbinate. Recovery from this was rapid and on January 11th, 12th, 13th, 5 c.c. prontosil were injected intramuscularly on each day.

A series of 6 nasal and post nasal swabs between December 3rd, 1936 and February 9th, 1937 were positive for diphtheria bacilli. Both he and his wife were informed of this.

On February 10th, 1937 he was well orientated, cheerful, happy, contented and realised he had been mentally ill. Was grateful for treatment. Did not remember admission or any operation, said he first clearly realised his surroundings after removal of tonsils. No memory of hallucinations or delusions. Colour and muscle tone much improved. Weight had increased from 7 st. 6 lbs. on admission to 9 st. 5 lbs.

Discharged recovered on February 10th, 1937.

CASE 24.—A case of Primary Dementia Type associated with Chronic Tonsillitis and Dental Sepsis.

D. L., male, single, aged 29 years, warehouseman, admitted to Mental Hospital on January 2nd, 1936. First certification.

History.—Had had appendix operation five years before admission. Had been depressed and apprehensive for six months prior to admission. Worse for one week when hallucinations developed. No history of insanity in family.

Condition on Admission. Mental State.—Depressed, agitated, restless, confused, auditory and visual hallucinations. Persecutory ideas—insisted he was under somebody's power. Incoherent.

Bodily Health.—General state fair. Dental and tonsillar sepsis evident, Wassermann reaction negative in blood and cerebrospinal fluid. Colloidal gold curve negative. No evidence of organic disease in nervous system.

Progress.—Continuous colon irrigations were commenced and given occasionally throughout treatment.

Radiographic examination of jaws showed 4 septic teeth which were removed under general anaesthesia on February 14th, 1936. At this time he continued to be depressed, agitated, apprehensive, hallucinated and deluded.

During March, 1936 he was extremely troublesome. He was noisy, interfering, resistive, impulsive and insisted on remaining nude. He spent one whole day in continuous masturbation.

On April 3rd, 1936, under general anaesthesia, tonsillectomy and general nasal sinus examination were performed. The sinuses were clear, but tonsils were large and septic and adherent. After this, restlessness, agitation and apprehension disappeared, although he remained depressed, confused and hallucinated, no further masturbation was shown during the course of the case. In May, 1936 he was given a short course of intramuscular aqueous colloidal sulphur, 0.5 c.c. being given, increasing by 0.5 c.c. every other day until 2.5 c.c. were given. Fair pyrexial reactions. The first injection gave temperature of 99.6° F., the second 100.8° F., the third 101.8° F., the fourth 99.4° F., the fifth 102.2° F. Improvement now became more rapid and in June, 1936 he was very much improved although rather fearful and somewhat confused. There followed a course of T.A.B. vaccine 0.5 c.c. and 1 c.c. were given intramuscularly on alternate days followed by 0.025 c.c., 0.05 c.c., 0.1 c.c., 0.2 c.c., 0.3 c.c. intravenously on successive days. There was no reaction to either of the intramuscular injections. The first intravenous injection gave a temperature of 99.8° F. with rigor lasting 20 minutes. The second gave 99.4° F. Rigor 20 minutes. Third 100° F. No rigor. The fourth gave 100° F. Rigor 30 minutes, the fifth 100.4° F. No rigor.

On August 1st, 1936 he was cheerful, well-orientated, happy and willing. Realized he had been mentally ill, grateful for treatment. Rational, coherent, able to work out of doors. Had been home on week-end leave. His physical state was as yet only fairly good. There was pallor and very little increase in weight, but on application of his parents he was discharged to their care on August 13th, 1936.

CASE 25.—A case of Melancholia with Homicidal and Suicidal Tendencies and recovery after tonsillectomy and non-specific protein therapy, T.A.B. vaccine given intravenously.

F. W. B., male, single, aged 26 years, labourer, admitted to Mental Hospital on October 8th, 1935. First certification.

History.—Had been ill for two weeks with depression. Thought he heard people speaking about him, accusing him of murder. Said the police were after him. Attempted suicide by precipitation immediately prior to admission. No history of insanity in family.

Condition on Admission. Mental state.—Depressed, apathetic, hallucinated, deluded. Fixed idea he had committed a murder. Regarded as being actively suicidal. Morose and sullen.

Bodily health.—General state fair. Apparently edentulous. Pus in each tonsil. Wassermann reaction negative in blood and cerebrospinal fluid. Colloidal gold curve negative. No evidence of organic disease in nervous system.

Progress.—Continuous colon irrigations were commenced and continued at intervals throughout treatment. Radiographic examination of jaws showed two buried roots which were extracted under general anaesthesia on January 5th, 1936. On January 17th, 1936, under general anaesthesia, tonsillectomy was performed, the tonsils being large and full of pus. There followed in February a course of intramuscular aqueous collosol sulphur, 0.5 c.c. being given, increasing by 0.5 c.c. every other day until 2.5 c.c. had been given. Good pyrexial reactions. The first reaching 101.6°F., the second 101.6°F., the third 102.4°F., the fourth 102.8°F., the fifth 103.8°F. On February 25th, 1936, while still without any mental improvement a course of T.A.B. vaccine began, 0.5 c.c. and 1 c.c. were given intramuscularly with one day interval, then 0.025 c.c., 0.05 c.c., 0.1 c.c., 0.2 c.c., and 0.3 c.c. intravenously on successive days. The first intravenous injection gave temperature of 104.8°F. with rigor lasting 15 minutes, the second 104.8°F. with rigor lasting 40 minutes and a second rigor, 4 hours later, lasting 15 minutes. The third injection gave 104.2°F. with rigor lasting 25 minutes. The fourth 104.6°F. with rigor lasting 25 minutes. The fifth gave 104.6°F. with rigor lasting 40 minutes.

On April 27th, 1936, there was still no mental improvement. Depressed, apathetic, badly hallucinated aurally, showed persecutory ideas. Thought "doped cigarettes" were the cause of his troubles. Believed he had won the K.C.B., for duelling with the Prince of Wales. Had made several homicidal attacks on staff and patients since admission. In June, 1936 began another but longer course of T.A.B. vaccine. 0.5 c.c. and 1 c.c. were given intramuscularly on alternate days, then 0.025 c.c., 0.05 c.c., 0.1 c.c., 0.2 c.c., 0.3 c.c., 0.4 c.c., 0.6 c.c., and 1 c.c., intravenously on successive days with very good reactions. The first intravenous injection gave a temperature of 101.4°F. with rigor lasting 10 minutes, the second 103.2°F. with rigor lasting 20 minutes, the third 102°F. with rigor 15 minutes, the fourth 102.2°F. with no rigor, the fifth 103°F. with rigor 25 minutes, the sixth injection gave 102.4°F. with rigor 30 minutes, the seventh 102.4°F. with rigor 20 minutes and the eighth 102.4°F. with rigor 15 minutes.

On September 11th, 1936, he was beginning to show some improvement although still hallucinated and apathetic he was quiet, well-behaved and amenable, a remarkable alteration in the condition which had been obtaining up till then. Improvement then became rapid and on October 29th, 1936 he was cheerful, well orientated, realized he had been mentally ill, was grateful for treatment. Not now hallucinated, recognized "voices" were unreal. Life was worth living, colour, muscle tone improved, had gained weight to 13 stone 8 lbs. from 12 st. 11½ lbs. on admission. Worked out-of-doors, went home on week-end leave. Discharged recovered on November 12th, 1936.

CASE 26.—A case of Infantile Paralysis developing Sexual Perversions associated with increasing Mental Confusion. Mental recovery followed treatment of sepsis in the head.

T.J.H., male, single, aged 16 years, no occupation, admitted to mental hospital on September 1st, 1936. First certification.

History.—Reached top standard in school at 14 years. Two years before admission was struck over eye with an iron bar. Became very sleepy—progressive weakness of right arm and right leg noticed later. Doctor who attended him at this time considers he is a case of encephalitis lethargica. Then followed a change in character which manifested itself in sexual offences, violence and bestiality. Three months prior to admission was found attempting to interfere with a bull terrier. Immediately prior to admission he attacked his mother and brother without provocation, became abusive and foul-tongued, attempted to rape his niece, aged 8 years, and hung about outside an inn approaching young girls. There was gross sexual desire.

Condition on Admission. Mental State.—He was dull, apathetic, surly, wandering in thought, incoherent and subject to outbursts of impulsive violence when he became abusive and uncontrollable. Had no sense of the gravity of the offences he had committed.

Bodily Health.—General condition fairly good. Evidence of tonsillar disease, nasal sinusitis and dental sepsis. Wassermann reaction negative in blood and cerebrospinal fluid. The left upper and lower limbs were better developed than those on the right side and at once suggested a case of infantile paralysis.

Progress.—Continuous colon irrigations were commenced and continued at intervals throughout treatment. Radiographic examination of jaws showed that both lower wisdoms were unerupted and ill formed.

On October 22nd, 1936, under general anaesthesia, 3 septic teeth were removed and on November 5th, 1936, both lower wisdoms.

On November 13th, 1936, under general anaesthesia septic tonsils were removed and both antra were washed out, the right being clear but the left containing mucopus.

This was followed, on account of slow healing, by 10 c.c. antiscarlet streptococcal serum intramuscularly.

During later November and early December, 1936, he was given a course of aqueous colloidal sulphur intramuscularly, 0.5 c.c. being given, increasing by 0.5 c.c. every other day until 2.5 c.c. had been given. The first injection gave a temperature of 102° F., the second 103.8° F., the third 102.2° F., the fourth 104° F. and the last 103.6° F.

In January, 1937, he was less confused and not incoherent. Displayed no sullenness or depression. Clean and tidy, worked out of doors, able to answer questions clearly. With the improvement in the mental state it became manifest that the weakness of the right arm and leg was increasing. He made little use of the right arm and walked heavily on the right leg.

On January 15th, 1937, under general anaesthesia, general nasal sinus examination was carried out. Sphenoids, ethmoids and right antrum were clear, but the left antrum still contained mucopus and was drained intranasally. Three injections of prontosil were given on January 16th, 17th, 18th, 5 c.c. on each day.

In March, 1937, he was quiet, well-behaved, cheerful, happy, well-orientated and working regularly out of doors. Realized he had been ill and that the offences he had committed were grave. Promised he would not attempt to do these things again. Was grateful for treatment. He had not displayed any perversion of the sexual instinct while under observation in the hospital. His colour and muscle tone were much improved. Weight had increased from 8 st. 5 lbs. on admission to 9 st. 7 lbs.

A remarkable feature of this case was that as the mental state improved the physical condition of weakness of the right upper and lower limbs became more pronounced, but this was unquestionably a contrast effect—the improvement in the muscle-tone of the sound limbs naturally proceeding at a much faster rate than in the affected limbs.

Another feature of the case was that neither patient nor parents had noticed the right-sided weakness prior to illness 2 years before admission and this raises the question as to the exact nature of that illness.

On discharge at request of parents on April 5th, 1936, he was recovered mentally. His physical state was fairly good and was that of a boy who had at one time suffered from infantile paralysis and which had resulted in weakness and imperfect development of the right hand and forearm and the right foot and leg muscles. He walked heavily on the right foot, sole first, and the arches had dropped, with resultant splaying of the foot and toes.

CASE 27.—A case illustrating the association of tonsillar, oral and naso-aural sepsis with cardiac disease and mental disorder.

F. 1637. J. R., female, aged 47 years, widow, housewife, admitted July 14th, 1936. First certification.

History. Family.—Youngest child, aged 17 years, in Mental Hospital with confusional insanity. There are two sons. No other psychotic relatives.

Personal.—Was treated at 7 years for chorea which recurred during first pregnancy. She was married at 25 years. Had three children and one miscarriage and became a widow at 32 years. Ear, nose and throat infection developed about 1913 with nasal catarrh, discharge from both ears and severe headaches. She had a mastoid operation with removal of polypi in same year. Symptoms did not completely clear up and three years later she had the second attack of chorea.

In 1920 and 1930 she had minor gynaecological operations and at the latter date she was told of the damaged condition of her heart. In 1934 her youngest

child was admitted to this hospital. Very soon afterwards the mother developed cardiac symptoms and was admitted to hospital but left against advice after three weeks.

Early in 1936 the ear, nose and throat symptoms became severe again and there was a copious purulent discharge from both ears for several days. Head noises developed and soon became "voices." She became increasingly depressed, nervous, suspicious and was certified six months later.

On Admission. Mental.—She was morbidly depressed, agitated and apprehensive. She had headaches and auditory hallucinations.

Physical.—She was poorly nourished and in general ill health. Auricular fibrillation, secondary to mitral valve disease present. Signs of back pressure present in lungs. Varicose veins of both legs.

Progress of Case.—July 21st, 1936. Ear, nose and throat examination showed pus in tonsils, crusting on both middle turbinates and both antra dark to transillumination. Examination of the ears revealed a dry posterior perforation in the right drum and on the left side chronic suppurative otitis media. Tonsillectomy and general sinus examination were advised should patient recover sufficiently.

July 27th, 1936. One decayed tooth root extracted from upper jaw.

August 10th, 1936. Two mildly infected canines extracted from lower jaw.

During the remainder of August the patient improved, she became much less depressed and agitated and the hallucinations diminished. In September the cardiac symptoms became more severe with oedema and ascites present. With increased digitalisation this was controlled and the mental condition continued to improve. By the middle of December the patient was bright, cheerful and had completely lost her hallucinations and was very anxious to return home.

It was not considered advisable to carry out any ear, nose and throat operation.

She left hospital on January 14th, 1937, in a cheerful and confident mental state.

CASE 28.—

10315. E. M. R., single, female, a plater, admitted to mental hospital on July 14th, 1936, then aged 17 years, in a state of stupor, confused and resistive. From January to July of 1934 she had been in a mental hospital in a state of acute fear and rigidity at the age of 14, associated with otitis media. Now, on admission, there was a foul foetor emanating from the mouth. Radiography showed impacted unerupted wisdom teeth, right upper and lower and left lower. These were removed. The foetor oris was explained by the abscess sac found in relation to the left lower wisdom, after its removal and treatment of the abscess, this odour disappeared. The tonsils had been removed prior to the age of 14 for chorea. The pharynx showed some keratosis. The right ear had a normal drum but, on the left side, there was a chronic suppurative otitis media with a posterior perforation of the tympanic membrane and granulations on the posterior inferior wall. On inspection of the nasal passages mucopus was observed in the left nostril and the left superior meatus, and there was crusting on the left middle turbinate, whilst the right nasal passages were clear. Both antra were black and both frontals dim on transillumination. There was a perceptible goitre. The ear was treated with drops of hydrarg. biniodid 1/4000 and a gradual mental and physical improvement ensued, so much so that she was able to be up and about, work and discuss her case. It now appeared that after the throat had healed, following the tonsillectomy, she had had in the succeeding winter another "bad throat" and it was after this that the left ear started to discharge and catarrh appeared at the back of the nose. Formerly she had noted that when the ear was discharging she was free from headaches but when it ceased to discharge she had bad headaches. Now after the removal of the wisdom teeth the ear was not so painful, did not discharge so much, and she slept better.

Formerly she had been subject to pains in the head, bifrontal and left temporal, but they now were not so bad as formerly. In view of the insistence of symptoms, discharges and diseased conditions on the left side, it was considered to be necessary to examine the nasal sinuses. This was done by the suction exploration method of Watson-Williams. The right sphenoid was haemorrhagic, the left contained flakes of pus but was not haemorrhagic. The right posterior ethmoid was haemorrhagic but the other sinuses were devoid of exudate and not haemorrhagic. Both sphenoids were drained and argyrol instilled into all sinuses. After this she continued well, there was no confusion and she was able to go to the convalescent bungalow.

At the latter end of February, however, she complained of discomfort in the left ear, there was no evidence of mastoid disease and the left ear drum appeared normal. A state of confusion developed, noisy and restless and with night terrors, and the appearance, for the first time in mental hospital, of a choreic movement of the right forearm, principally, also of the left forearm and jerky movements of the head to the left. This state continued with variations of intensity during March and now in April she is showing signs of amelioration, menstruation has returned after an absence of several months, and definite physical and mental improvement appears on the way.

II.—FROM THE CARDIFF CITY MENTAL HOSPITAL.

General Report.—By Dr. P. K. McCOWAN, F.R.C.P., D.P.M., Medical Superintendent.

Choline Metabolism in Brain.

Dr. Quastel, with Dr. Tennenbaum and Mr. Wheatley, found that, when brain cortex slices are allowed to respire in a medium containing eserine, a substance is formed which produces a powerful contraction of an eserinated leech muscle preparation. This substance has all the properties of a choline ester (possibly acetylcholine) and its effects on the leech, like that of acetylcholine, are antagonized by the presence of morphine. This finding is of particular interest, for recent research has shown that acetylcholine is primarily responsible for the transmission of impulses in the nervous system. The choline ester formed by brain cortex is only produced in presence of oxygen, and its formation seems to be greatly dependent on carbohydrate metabolism.

Its formation seems to be specific in the nervous system, although a lesser quantity may be found in muscle. The powers of various organs to break down acetylcholine have been measured, and it has been shown that there is no connection between the power of an organ to build up choline ester and its power to break it down.

Experiments are now in progress to determine the precursor of choline ester in the brain, and to follow the chemical lines of degradation of choline.

Biochemical J., 1936, 30, 1668.

Narcotics and Tissue Oxidations.

With Dr. Jowett, Dr. Quastel has now published papers on the effects of narcotics—such as luminal, evipan and chloretone—on the oxidation of brain and other organs using the tissue slice technique. The older observations of Dr. Quastel and Mr. Wheatley that narcotics inhibit carbohydrate oxidation have been confirmed, and a number of new phenomena have come to light. In particular it has been found that the inhibitions of carbohydrate, lactic acid and pyruvic acid oxidations by the brain in presence of narcotics are greatly dependent on the potassium ion concentration of the medium in which the brain tissue is immersed. At normal or at high potassium concentrations a steady equilibrium is set up in presence of a narcotic, a certain quantity of the latter inducing a definite inhibition which remains constant with time. When the potassium ion concentration is lowered, the inhibition of a narcotic increases with time, indicating that the narcotic is setting up some toxic, irreversible action. The presence of calcium ions to some extent reverse the potassium effect. Thus, it would appear that the inhibitory action of narcotics in brain metabolism is dependent on the ionic environment, and this may prove to be of importance clinically.

Careful measurements have been made of the extent of inhibition of brain oxidation at concentrations of narcotics which induce narcosis. A conservative statement is that narcotics at the low concentrations which induce narcosis will bring about 10 per cent. inhibition of the normal respiratory rate of brain cortex in presence of glucose.

Narcotics also inhibit oxidations of liver, kidney and muscles, substances important in carbohydrate metabolism being chiefly affected.—*Biochem. J.*, 1937, 31.

Ether and Brain Oxidations.

Work on this subject, reported on last year, has now been completed and is in the process of publication. Ether behaves in a like manner to other narcotics, but with the tissue slice technique it appears to exhibit greater toxicity. Potassium ions affect its metabolism in a similar manner to other narcotics. The effect of rise of temperature on the inhibitions due to ether is very large, a rise of 10° C. in the neighbourhood of 37° C. increasing the inhibition power over 600 per cent.—*Biochem. J.*, 1937, 31.

Oxidation of Aliphatic Amines by Brain.

Investigations have been carried out by Dr. Pugh and Dr. Quastel on the detoxicating power of brain on aliphatic amines. These substances—e.g., isoamylamine—may be produced normally in the body and exert toxic actions on the nervous system, acting very much like narcotics. It has now been found that the brain, as well as liver, can detoxicate such amines, breaking them down to ammonia and other substances which are ultimately burned in other parts of the body. In order to carry out this work, a new method had to be devised to estimate ammonia in presence of aliphatic amines. The work is now published.—*Biochem. J.*, 1937, 31.

Hydroxymalonic Acid and Brain Oxidation.

Dr. Jowett and Dr. Quastel have now published their work showing, by means of the specific inhibitory powers of hydroxymalonic acid, that glucose oxidation in the brain can proceed independently of the intervention of lactic acid. This important finding helps to throw light on the mechanism of glucose breakdown in the nervous system. It has to be remembered that the chief fuel of the nervous system is glucose, and interference with glucose metabolism in the brain gives rise to nervous disturbances.—*Biochem. J.*, 1937, 31.

Trypanocidal Activity of the Cerebrospinal Fluid.

The work of Dr. Hawking, Dr. Hennelly and Dr. Quastel on this subject (see last year's report) has now been published. It has been found that after administration of organic arsenic compounds into the body, arsenic may be excreted into the c.s.f., but only a portion (1 per cent.—25 per cent.) of this is present in the active trypanocidal condition. After tryparsamide injection (3 g.), the average proportions of arsenic in the c.s.f. in the active form are 3 per cent. after 14 hours, 18 per cent. after 40 hours, and 5 per cent. after 60 hours. Of all other pentavalent arsenic compounds injected, only orsanine was equal to or superior to tryparsamide. Injections of trivalent arsenic compounds (e.g., N.A.B., stabilarsan, etc.) lead to practically no trypanocidal action arsenic in the c.s.f. This accords with the therapeutic efficiency of these compounds in neurosyphilis and sleeping sickness. The method promises to be of considerable value in testing out rapidly various organic arsenic compounds for their probable therapeutic efficiency in the treatment of general paresis. Experimental work on similar lines with other arsenical compounds is being continued by Drs. Hawking and Hennelly.—*J. Pharmacol. Exp. Therap.*, 1937.

Phenylketonuria.

The investigation by Dr. Penrose and Dr. Quastel on phenylketonuria, referred to in last year's report, is now completed and published. The results

show that this metabolic disorder, which is known so far to occur only in cases of mental defect, is due to the inability of phenylketonurics to break down completely phenylpyruvic acid—a substance produced by oxidation of phenylalanine, an amino acid of dietary and tissue proteins. The metabolic abnormality is familial; more than one child may be affected, but the parents and remaining members of the family are usually normal. Genetically, the abnormality appears to be inherited as a simple Mendelian recessive character; and, in this way, it resembles two other metabolic abnormalities, alkaptonuria and albinism, although it is much more frequent than they are.

A new method has been devised by Dr. Quastel for the rapid and accurate estimation of phenylpyruvic acid in urine.—*Biochem. J.*, 1937, 31.

Tuberculosis and Schizophrenia.

The investigations by Dr. Davies in association with the Welsh National Memorial Association into the possible relationship between tuberculosis and schizophrenia have been continued. There is little, if any, evidence to show that schizophrenia is the direct result of infection by the tubercle bacillus, but the work that has been done shows that there is a definite, increased sensitivity to intradermal tuberculin in the schizophrenics as compared with the other psychotics, a theory which applies equally to the recent admissions and to the long hospitalized cases.

Further work is being carried out to determine whether this sensitivity is specific to tuberculin or whether it applies also to induced allergic states.

Pathological Routine Work.

The following examinations were made :—

Urine : ordinary routine, 917; microscopical, 131; bacteriological, 4; urea concentrations, 5; single urea estimations, 80; urobilin, 3; isolated sugar estimations, 4; tests for sp. gr., albumin, sugar, ketones (in connection with prolonged narcosis), 746; ferric chloride tests, 917. *Blood* : glucose tolerance (all estimations performed in duplicate), 354; blood counts, 300; separate white cell counts, 14; differential counts, 18; reticulocyte counts, 10; urea estimations, 9; bacteriological examinations, 3; Widal reactions, 2; resting sugar estimations, 5; malarial parasite counts, 220; other blood films, 2; Wassermann reactions (done by Dr. W. Parry Morgan, Public Health Lab.), 300; Kahn Tests, 2; Van den Bergh reactions, 1. *Cerebro-spinal Fluid* : Bacteriological examinations, 1; Boltz acetic anhydride reactions, 54; cell counts, 54; classification of cells, 2; colloidal benzoin reactions, 54; colloidal gold reactions, 1; globulin reactions, 54; Kahn tests, 2; Wassermann reactions, 52; chloride estimations, 1; sugar estimations, 2. *Miscellaneous* : autogenous vaccines, 2; sputum examinations (bacteriological), 28; sputum examinations (bacteriological, cultured), 4; pleural fluid examinations, 1; bacteriological examination of faeces, 282; test meals, 1; resting gastric juice, 2; swabs, 29; Faeces examined for T.B., 2; Faeces examined for occult blood, 1; Faeces examined for ova, 7; Injections given for treatment of syphilis : N.A.B., 57, Tryparsamide, 97, orsanine sodium, 19, arseno-argenticum, 28; miscellaneous arsenical injections, 24.

III.—FROM THE WEST RIDING MENTAL HOSPITAL, WAKEFIELD.

A.—*General Laboratory Report.*—By Dr. C. J. THOMAS, D.P.M., D.P.H., Medical Superintendent.

Appointment.—Professor M. J. Stewart, M.B., (Glas.) F.R.C.P. (Lond.), F.R.F.P.S. (Glas.), Professor of Pathology, University of Leeds, was appointed Hon. Consulting Pathologist during the year. This appointment has afforded great satisfaction to the medical staff of the Hospital and provides

yet another link between the Wakefield Mental Hospital and the University of Leeds.

Additional Equipment.—A Leitz Monobinocular Microscope has been provided and a further high-speed Centrifuge has been installed.

Routine Work of the Laboratory.—A summary of the 5,951 routine examinations performed during the year is given below :—

Bacteriological examinations of faeces, 2,499; Widal's, 1,185; blood and C.S.F. for W.R., 486; histological preparations, 320; urine for chemical and bacteriological exam., 211; animal inoculations, 191; blood counts, 180; Arneth counts, 180; Lange colloidal gold reactions, 115; colloidal mastic reactions, 115; Boltz reactions, 115; milk, bacteriological and chemical exams., 112; sputa and faeces for T.B., 101; pus for bact. exam., 22; vaccines prepared, 20; blood sedimentation tests, 20; skin scrapings, 12; throat swabs for K.L.B., 11; faeces and vomit for occult blood, 20; blood urea estimations, 9; blood sugar estimations, 7; pleural effusions, 6; chickens for B.W.D., 6; hair for ringworm, 6; taenia segments, 2; post-mortem examinations, 105 (55·85 per cent. of deaths).

Photography.—During the year 540 portraits of patients have been prepared for case sheet records, for the relatives of patients, &c. In addition 155 photographs, photomicrographs and lantern slides have been made of pathological specimens and bacterial cultures.

Animal Inoculations.—Doctors McGrath and Burt have performed during the year, under the provisions of the Home Office Licences, 191 inoculations for diagnostic and experimental purposes, necessitating the use of 91 guinea-pigs, 90 mice and 10 rabbits.

Milk Analyses.—During the year 88 samples of milk were examined for the presence of tubercle bacilli by guinea-pig inoculation. In two instances only were samples found to be positive. One positive result was obtained from a bulk sample during the month of March. The other positive result was obtained from an individual sample of milk from Cow 332. A new method for the cultural examination for T.B. in milk is being investigated.

Educational Work.—The usual course of instruction in Mental Disorders was given at the Leeds University for students for the M.B. Examinations, supplemented by clinical instruction at the Mental Hospital.

The course for the D.P.M. Examination was held as usual during the summer term and instruction in histological and post-mortem technique was provided at the Hospital.

Four candidates attended the practical examination in Neuropathology in September and all were successful.

The Clinical Meeting of the British Medical Association (Wakefield, Castleford and Pontefract District) was held on November 8th, followed by a demonstration of pathological and museum specimens.

The Autumn meeting of the Leeds and District branch of the Laboratory Assistants' Association was held at the Hospital, the subject under discussion being "The Laboratory Examination of Cerebro-spinal Fluid".

Facilities have been afforded to Health Visitor and Social Diploma candidates of the University of Leeds.

Instruction in neuropathological technique has been given to student members of the Laboratory Assistants' Association.

B.—*Asylum Dysentery and Allied Infections (Eighteenth Post-War Report).*—
By Dr. C. J. THOMAS, D.P.M., D.P.H., Medical Superintendent, Dr.
M. J. McGRATH, D.P.M., and Mr. A. L. HOWDEN, F.R.M.S.

Widal Examinations for Typhoid and Dysentery of all new admissions.

Widal reactions for typhoid and dysentery have again been continued throughout the year and the results are tabulated below :—

Admissions	Positive Flexner	Positive Typhoid	Negative	Total
Male	—	1	555	556
Female	5	2	443	450
Total... ..	5	3	998	1,006

Dysentery.

The female wards remained free from dysentery throughout the year. Three cases occurred in the male Dysentery Isolation Ward 36 and all three patients had previously suffered from dysentery. One patient died and two recovered.

A brief summary of the cases and the results of the bacteriological examinations are given below :—

1. July 9th, 1936. G. E. D., age 26, Ward 36. Admitted 6.5.32. Died 11.7.36. Organism isolated, B. dys. flexner "V." This patient had previously suffered from dysentery in July, 1935.
2. July 21st, 1936. S. H., age 29, Ward 36. Admitted 10.10.30. Recovered 18.8.36. Organism isolated B. dys. flexner "V." This patient had previously suffered from dysentery in March, 1934 and August, 1935.
3. September 8th, 1936. L. D., age 27, Ward 36. Admitted 10.4.34. Recovered 29.10.36. Organism isolated B. dys. flexner "W." This patient had previously suffered from dysentery in July, 1935.

Anti-Dysenteric Vaccines.—Dr. McGrath has continued the experiments on mice with a view to ascertaining the period of immunity conferred by the inoculation of anti-dysenteric vaccines. The results are not yet completed.

Treatment of Dysentery by Bacteriophage.—An investigation is being commenced with regard to the value of bacteriophage in the treatment of dysentery. Active bacteriophage was kindly supplied by the Usher Institute, Edinburgh. The results up to date are indefinite but further investigations are in progress.

Routine Bacteriological Examination of Faeces from New Admissions.—No organisms of the Dysentery group were isolated.

A female patient, B. H., was admitted to hospital on October 29th, 1936. During the routine bacteriological examination of faeces on November 2nd, 1936, this patient was found to be excreting large numbers of typhoid bacilli and she was immediately transferred to Female Isolation Ward 21. Repeated bacteriological examination of the faeces has proved this patient to be a persistent typhoid carrier, although since admission to hospital she has never shown any clinical symptoms of typhoid fever. No previous history of the patient having suffered from typhoid fever could be obtained. The patient herself states that "a few years ago she had suffered from a very bad stomach".

The early detection of this typhoid carrier illustrates the value of our routine bacteriological examination of specimens from all new admissions to hospital.

Weekly Examinations of Specimens from Typhoid Carriers.

The weekly examinations of specimens of faeces from our typhoid carriers have been continued and the results obtained with the MacConkey and Wilson and Blair media are given below :—

1. A. B., age 78. Admitted 24.3.1896. Detected as a typhoid carrier 16.10.1930.

<i>Medium.</i>				<i>No. of specimens.</i>	<i>Positive.</i>	<i>Negative.</i>
MacConkey	...	...	...	51	25	26
Wilson and Blair	...	...	...	51	49	2

2. E. M. R., age 58. Admitted 13.8.1935. Detected as a typhoid carrier 23.10.1930.

<i>Medium.</i>				<i>No. of specimens.</i>	<i>Positive.</i>	<i>Negative.</i>
MacConkey	...	...	...	51	12	39
Wilson and Blair	...	...	...	51	41	10

3. E. L., age 61. Admitted 13.8.1935. Detected as a typhoid carrier 2.12.1930.

<i>Medium.</i>				<i>No. of specimens.</i>	<i>Positive.</i>	<i>Negative.</i>
MacConkey	...	...	...	51	48	3
Wilson and Blair	...	...	...	51	49	2

4. J. W., age 44. Admitted 4.12.1917. Detected as a typhoid carrier 17.9.1932.

<i>Medium.</i>				<i>No. of specimens.</i>	<i>Positive.</i>	<i>Negative.</i>
MacConkey	...	...	...	51	4	47
Wilson and Blair	...	...	...	51	12	39

5. A. M. T., age 72. Admitted 9.9.1927. Detected as a typhoid carrier 19.10.1935.

<i>Medium.</i>				<i>No. of specimens.</i>	<i>Positive.</i>	<i>Negative.</i>
MacConkey	...	...	...	51	40	11
Wilson and Blair	...	...	...	51	43	2

6. E. D., age 56. Admitted 6.10.1933. Detected as a typhoid carrier 9.11.1933.

<i>Medium.</i>				<i>No. of specimens.</i>	<i>Positive.</i>	<i>Negative.</i>
MacConkey	...	...	...	51	0	51
Wilson and Blair	...	...	...	51	3	48

7. B. H., age 58. Admitted 29.10.1936. Detected as a typhoid carrier 2.11.1936.

<i>Medium.</i>				<i>No. of specimens.</i>	<i>Positive.</i>	<i>Negative.</i>
MacConkey	...	...	...	11	9	2
Wilson and Blair	...	...	...	11	10	1

The results of the examinations for the seven typhoid carriers are detailed below :—

<i>Medium.</i>				<i>No. of specimens.</i>	<i>Positive.</i>	<i>Negative.</i>
MacConkey	...	...	...	317	138	179
Wilson and Blair	...	...	...	317	207	110

These results have again demonstrated the superiority of the Wilson and Blair method for the isolation of *B. typhosus*. Typhoid carriers Nos. 4 and 6 are intermittent excretors and particularly illustrate the value of the medium.

C.—*Inoculation of Rabbits with Material containing S. Pallida.* By Dr. H. BURT.

Attempts to produce lesions in rabbits with *S. Pallida* have yielded only negative results.

D.—*An Investigation into the effects of various drugs in B. Coli infections.* By Dr. H. BURT.

E.—*Investigation of the After-Histories of cases of Psychosis associated with Pregnancy.* By Dr. C. J. THOMAS AND THE SOCIAL WORKER.

F.—Out-patient Centres.

There are now 9 Out-Patient Centres held weekly by the medical officers of the hospital.

A social worker has been appointed by the Board and has her headquarters at Tonbridge House, Tonbridge Place, Leeds.

The opening of a tenth centre at Harrogate is contemplated and it is hoped that ultimately a centre will be formed to serve the needs of the whole of the large area from which the Hospital draws its patients.

Leeds General Infirmary.

Under Doctors McGrath and Wilson : 2 Sessions weekly.

No. of New Cases. Male, 87; Female, 99; Total, 186.

Classification of new cases :—Convalescent from confusional states, 5; states of depression, 36; mania, 2; emotional stress, 4; hysteria, 3; adolescent psychosis, 3; imbecility, 2; loss of memory, 1; stupor, 1; organic cerebral lesions, 3; delinquency 4; dementia praecox, 3; epilepsy, 18; senile psychosis, 3; anxiety neuroses, 4; neurasthenia, 40; delusional states, 4; alcoholic psychoses, 2; mental deficiency, 9; general paralysis, 3.

Admitted to Mental Hospital :—

	M.	F.	T.
as Voluntary	34	33	77
Temporary	—	1	1
Certified	2	3	5

Clayton General Hospital, Wakefield.

Under Dr. F. E. Kingston : 1 Session weekly.

No. of new cases. Males, 46; Females, 25; Total, 71.

Admitted to Hospital as voluntary patients, 9.

Classification of new cases :—Anxiety state, 7; arterio-sclerotic dementia, 1; delinquency (juvenile), 2; delusional insanity, 1; epilepsy, 20; homosexuality, 1; hysteria, 3; general paralysis, 3; mania, 4; maladaptation (juvenile), 1; melancholia, 8; menopausal depression, 1; mental deficiency, 4; narcolepsy, 1; nervous instability (juvenile), 1; neurasthenia, 7; obsessional states, 4; otitis media, 1; post-encephalitis, 1.

Tonbridge House, Leeds.

Under Dr. Kingston : 1 Session weekly.

No. of new cases. Males, 24; Females, 38; Total, 62.

Admitted to Mental Hospital as voluntary patients, 10.

Classification of new cases :—anxiety states, 3; confusional insanity, 3; epilepsy, 7; general paralysis, 1; maladjustment (social), 1; mania, 4; manic-depression, 3; melancholia, 21; menopausal depression, 3; neurasthenia, 2; nervous instability (juvenile), 1; obsessional, 2; paralysis agitans, 1; paranoia, 1; paraphrenia, 2; schizophrenia, 2; volitional insanity, 1; undiagnosed, 4.

Wakefield Mental Hospital Out-Patient Department.

Under Doctors Campbell and Kelly : 2 Sessions weekly.

No. of new patients : 13 Males; 34 Females; 47 Total.

Admitted to Hospital as voluntary patients, 12.

Dewsbury and District General Infirmary.

Under Dr. C. J. Thomas and Dr. H. Burt : 2 Sessions weekly.

No. of new patients : 20 Males; 14 Females; 34 Total.

Classification of new cases :—hysteria, 3; anxiety states, 3; neurasthenia, 4; obsessional states, 3; mental deficiency, 3; epilepsy, 3; environmental maladjustment, 1; general paralysis, 1; states of depression, 4; schizophrenia, 4; paraphrenia, 1; puerperal psychosis, 1; various, 3.

Doncaster Royal Infirmary.

Under Dr. C. J. Thomas and Dr. H. Burt : 2 Sessions weekly.
No. of new patients : 10 Males ; 17 Females ; 27 Total.

Classification of new cases :—Anxiety states, 4 ; neurasthenia, 1 ; hysteria, 3 ; obsessional state, 1 ; exophthalmic goitre, 1 ; epilepsy, 4 ; Menier's disease, 1 ; arterio-sclerosis, 1 ; depressive states, 3 ; lactational insanity, 1 ; manic-depression, 3 ; schizophrenia, 2 ; confusional state, 1 ; general paralysis, 1.

G.—Publications.

"Asylum Dysentery"—Thesis for the degree of M.B. (Cambridge). By A. D. D. BROUGHTON, B.A., M.B., B.Ch.(Cam.), M.R.C.S., L.R.C.P., D.P.M.

"A rapid and reliable modification of the Weigert-Pal technique, suitable for class purposes." By Mr. A. L. HOWDEN, F.R.M.S. (*Jnl. Roy. Microscopical Soc.* Vol. LVI, Pt. 1. 1936).

A paper on the results of the bacteriological examination of specimens of faeces over a period of four years is being prepared for publication in the near future.

IV.—FROM THE WEST RIDING MENTAL HOSPITAL, WADSLEY, SHEFFIELD.

General Report on the Clinical and Pathological Investigations by the Medical Staff of the Hospital. By Dr. ARTHUR POOL, M.R.C.P., D.P.M., Medical Superintendent.

Routine Laboratory Work.

The work of the Laboratory is carried out by Dr. F. T. Thorpe and Dr. C. E. H. Turner, assisted by Mr. W. H. B. Vincent. The following is a summary of the work undertaken during the year 1936 :—

Blood : Sachs-Witebsky citochol reaction, 1080 ; Widal's, 513 ; counts—reds, whites, H.B. and differential, 141 ; cultures, 3 ; Van den Bergh's, 5 ; sugar tolerance curves, 21 ; sugar, 8 ; N.P.N., 27 ; cholesterol, 3 ; calcium, 3 ; phosphorus, 1 ; phosphatase, 2. Urines : albumin, sugar, deposit, etc., 1086 ; quantitative sugar estimation, 76 ; cultures, 10 ; vitamin C content, 224. C.s.f. : colloidal gold, proteins, globulin cells, Takata-ara, 86. Faeces : typhoid, dysenterial group, 350 ; tubercle bacilli, 154 ; occult blood, 11. Test meals : fractional, 9. Sputum, 46. Pus, Fluids, etc., 27. Ringworm : *acarus scabei*, etc., 7. Milk : fat, total solids, etc., 22 ; *B. coli* content and viable bacteria, 15 ; from farm—tubercle bacilli, 204. Histology material : post-mortem specimens (including 25 brains), 36 ; operation specimens, 6. Swabs : ear, nose and throat, 70 ; urethral and vaginal, 16. Post-mortem examinations, 115 (65·7 per cent. of deaths).

Blood Examinations for Syphilis.

During this year, as in the last five years, every new admission to the hospital has been tested by the Sachs-Witebsky citochol reaction. At the beginning of the year, of the patients admitted more than five years ago, there were a considerable number who had not been so tested, and, of these, 430 have now been submitted to the citochol reaction, and the whole hospital will in the near future have been tested. Twelve out of the 430 were found positive, and, of these, an examination of the c.s.f. was negative in 11 cases and positive in 1. The latter was found to be a case of recently developed dementia paralytica occurring in a chronic inmate, age 65 years, admitted in 1921.

Dysentery and Typhoid.

During the year there were 5 female and 5 male cases of dysentery. In 5 of the cases *B. Dysentery Flexner W. & Y.* was isolated in the faeces ; in 4 of the cases the Widal was diagnostic of *Flexner W. & Y.* infection and in the remaining case the clinical diagnosis was confirmed at post-mortem.

There was one case of enteric fever in which the faeces, blood culture and Widal were all positive.

Of the three chronic dysentery carriers under observation from the previous year one only (G.M.) remains an intermittent carrier.

The only known typhoid carrier (A.P.) died during the year and B. typhosus was isolated in culture from the gall bladder at post-mortem.

Widal tests on all new admissions have been continued and no evidence of recent or chronic infection has been traced to this source.

Vitamin C Subnutrition in New Admissions.

During the year vitamin C investigations have been carried out on the new admissions, using the Harris and Ray technique of estimating the urinary excretion of ascorbic acid and the results are being prepared for publication. Under-nourishment so frequently accompanies acute mental disorder that it was not surprising to find that many patients are admitted in a state of latent or sub-scurvy. In these cases the direct administration of ascorbic acid can be usefully employed.

Treatment of Chronic Epidemic Encephalitis.

By Sir ARTHUR J. HALL, F.R.C.P.

During the past year the treatment of chronic epidemic encephalitis by high dosage of Atropin has been continued and extended.

In addition to this, the male encephalitics are now housed together in a separate building where special forms of occupation, domestic duties and pastimes under careful supervision are allotted to each, according to their respective capacities.

The result of this combination of medical and occupational treatment has been encouraging. It is difficult to apportion the extent to which the drug and the surrounding conditions have respectively contributed. Undoubtedly in many cases the Atropin has played a considerable part, chiefly by relieving the muscular slowness, and, when troublesome, the salivation. On the other hand the general atmosphere of interest and occupation which the colony system has created is of equal importance, and indeed is the predominant factor in those many cases where the physical incapacity is only slight and the chief trouble psychotic.

Most of those who have had experience in dealing with such cases have laid stress on the importance of reinforcing the good effects of Atropin by physical methods of treatment, and our experience fully confirms this.

In this connection I would also call attention to a small but by no means unimportant innovation which has been carried out here during the past year.

Whether the somewhat elastic term "research" can be stretched in this direction may be questioned, but there is no doubt that it has demonstrated the well-known influence of rhythm combined with sound in stimulating muscular movements.

In the male ward-gardens, in which hitherto the patients have taken their exercise or stood about with but little to interest or occupy most of them, drums have been provided (a bass drum and kettle drums) and every morning at definite times the drums are brought out and a procession is formed, headed by such patients as want to act as drummers for that morning, together with perhaps one of the male nurses playing a cornet, bugle or clarinet. Those who wish to do so form up in the procession and they march round for about a quarter of an hour to the strains of the band!

This is repeated again later, when various figures of counter marching are gone through. It is not necessary to go into other details of the arrangements, such as physical exercises, etc.

This cheap and simple expedient has completely changed the whole atmosphere of the ward-gardens. Patients who, when it was first begun hesitated or declined to join in the procession, now do so willingly and with obvious pleasure. Indeed, they form up in readiness before the time. Some even go on marching round and round after "the band" has finished.

The good effects, however, have gone farther than this. Several of the patients with the help of the staff have made musical (sic !) instruments for themselves out of various noise-producing materials, and in the evenings they have band practices in which tunes are learned for the next day's programme.

To what extent any individual case has actually improved mentally from this experiment it is not my province to judge, but there is no doubt that the physical condition of many of them has benefited greatly.

Inductothermy.

As a further development in Pyro-Therapy, an Inductotherm was purchased in February 1936. It is worked on the principle of a short wave wireless apparatus and it has proved quite useful in the development of artificial fever, the results of which are satisfactory up to the present. This line of development has been sufficiently reliable for us to dispense altogether with malarial treatment during this year. We intend comparing the results of malaria, pyrifex and the inductotherm in order to assess the relative values of each method.

X-Ray and Electro-Therapeutic Departments.

X-Ray Department.—The total number of investigations made was 388 (193 males, 124 female patients and 71 members of the staff). Total number of films used was 907, the average number of films per case being 2 or 3.

213	examinations, injuries, position and progress of set fractures.
72	„ of chests.
39	„ skulls and sinuses.
9	„ teeth.
19	„ foreign bodies.
36	„ barium meals, swallows, enemata, and cholecystograms.

Electro-Therapeutic Department.—Total number of patients treated was 39 (974 attendances).

Ultra Violet Light.—Patients treated numbered 29. The attendances were 814 (chiefly for skin conditions and general tonic purposes).

Infra Red Ray.—Number of patients treated 8, making 147 attendances (for painful affections of joints and muscles).

Diathermy and Radiant Heat.—Two patients were treated and they made 13 attendances.

We have had opportunity of investigating two cases of suspected Cerebral Neoplasm by pneumo-radiography. In one case Ventriculography being performed and in the other case an Encephalogram was obtained.

Dental Work.

The work in this department continues to be carried out by Mr. W. J. Law, the Visiting Dentist, who attends the hospital weekly.

	Number seen	Extractions	Various
Males	243	452	71
Females	212	403	71
Total	455	855	142

Mental Out-Patient Centres.

At the Royal Infirmary, Sheffield, under Drs. A. G. Yates, Clegg and Turner, the work carried out during the year has been as follows :—

Number of new cases	168
Number of attendances of old cases	1,303

Classification of new cases : manic depressives, 16; dementia praecox, 7; epilepsy, 16; general paralysis of insane, 4; psychoneuroses, 84; various psychoses, 11; involutional cases, 30.

At the Royal Hospital, Sheffield, under Drs. E. F. Skinner, Mathieson and Elisabeth Sykes :—

Number of new cases	129
Number of attendances of old cases	1,547

Classification of new cases : manic depressives, 64; dementia praecox, 8; epilepsy, 12; general paralysis of insane, 4; psychoneuroses, 11; confusional types, 11; paranoia, 7; imbecility, 6; post-encephalitis and other types, 6.

At the Alma Road Hospital, Rotherham, under Drs. G. E. Mould and F. T. Thorpe :—

Total number of attendances	1,297
Total number of patients	176
Number of new cases	108

Classification of new cases : neurasthenia 20; psychoneuroses, 6; melancholia, 29; dementia praecox, 14; delusional, 6; dementia paralytica, 3; arteriopathic, 5; epilepsy, 9; mental deficiency, 6; confusional, 1; mania, 7; encephalitis lethargica, 2.

Publication.

“Multiple Arteriosclerotic Aneurysms of the Circle of Willis.” By Drs. F. T. Thorpe and J. L. Clegg.

An unusual case of multiple large aneurysms of the brain in a female aged 64 years is described. Apart from third nerve paresis there were no diagnostic signs or symptoms detected during life. The pathogenesis of cerebral aneurysms is discussed and it was concluded that in this case they were essentially arteriosclerotic in origin. (*Journal of Pathology and Bacteriology*, Vol. XLII, No 3, 1936.)

V.—FROM THE WEST RIDING MENTAL HOSPITAL, MENSTON, LEEDS.

General Report.—By Dr. R. CLIVE WALKER, Medical Superintendent.

A.—Routine Laboratory Work.

The following is a summary of the work carried out during the year :—

Histological.—Pathological tissues, 8; blood films and differential counts, 33; haemoglobin estimations, 6.

Bacteriological.—Faeces for typhoid dysentery group, 34; milk samples, 104; Meinicke clarification tests, 157; Widal reactions, 125; sputa, 74; urines, cultures, etc., 36; throat swabs, 12.

Chemical.—Blood sugars, 5; quantitative urines (sugar, etc.), 66; routine urine examinations, 1,211.

Post-mortem examinations.—91 (52 per cent. of deaths).

B.—Clinical.

Treatment of General Paralysis.—The treatment of general paralysis by induced malaria has been continued. Eleven men and 3 women were inoculated with malarial blood during the year. Three men improved sufficiently to go home, 1 woman showed distinct improvement, 4 men and 2 women showed no material change in their condition, and 4 men died.

C.—Mental Out-patient Centre.

This clinic is held weekly at the Royal Infirmary, Bradford. Ninety-four new cases were seen during the year, and the total attendances numbered 304.

Seventeen of these cases were admitted to Menston Mental Hospital as voluntary patients, and 2 were admitted as certified patients.

Of those admitted as voluntary patients 10 recovered and 6 were discharged "relieved." One certified patient was discharged "relieved," while the other is now convalescent and will shortly be discharged.

VI.—FROM THE WEST RIDING MENTAL HOSPITAL, STORTHESS HALL, KIRKBURTON.

General Report on Clinical and Pathological Investigations by the Medical Staff of the Hospital. By Dr. C. W. EWING, D.P.M., Medical Superintendent.

Routine Laboratory Work.—The following is a summary of the 4,404 examinations which were carried out during the year :—

Blood: W. R., 351; M.K.R., 351; Widal's, 886; malarial films, 118; cell counts, 137; differential counts, 68; cultures, 11; sugars, 26; urea, 5; Van den Bergh, 3; sedimentation rate, 9; reticulocyte count, 15; Kahn, 4. C.s.f.: colloidal gold reaction, Ross Jones globulin test, Boltz acetic anhydride test, cell counts, W.R., 42 each; total proteins, 9; calcium content, 4; Kahn test, 4; Bi-coloured Guaiac test, 16. Dejecta: bacteriological examinations of stools, 691; stools for *E. histolytica*, 9; urines, 558; urine estimation of glucose 100; ketone tests 418; throat swabs, pus, etc., 27; stomach contents, 12; sputa, 29; bacteriological and chemical examinations of water, 4; pathological sections, 100; examinations of milk—bacteriological, 12; fat, 12; T.B., 12; staff examinations, 107. Post-mortems, 86 (45 per cent. of deaths).

A Klett Colorimeter has been added to the Laboratory equipment.

Enteric and Dysentery.—The examination of the sera of all new admissions for agglutination of *B. Typhosus*, *B. Paratyphosus*, and *B. Dysenteriae* was continued. In no case was the dysentery organism agglutinated, but in 6 cases—4 male and 2 female—a weak agglutination to *B. Typhosus* was noted. Repeated examinations of the excreta of these patients gave negative results.

Enteric.—There were no cases of enteric fever during the year.

Dysentery.—There were 9 cases of dysentery (*B. Flexner* W.Y.)—7 males and 2 females. Four dysentery carriers were discovered.

Wassermann and Meinicke Reactions.—Since the year 1929 when these tests were first applied to all admissions in this hospital, the total number of patients examined up to the 31st December 1936 and the results are as noted in the following table :—

Admissions	W.R. +	M.K.R. +
Males ... 1,580 ...	197 (12·46 per cent.)	183 (11·58 per cent.)
Females ... 1,698 ...	93 (5·47 per cent.)	96 (5·65 per cent.)
Total ... 3,278 ...	290 (8·83 per cent.)	279 (8·51 per cent.)

The results of the W.R. in the c.s.f. of the above cases giving a positive W.R. in the blood are as follows :—

Blood				C.S.F.		
W.R. +				W.R. +	W.R. —	Too ill to be examined.
Males ...	197	...	...	150	31	16
Females...	93	...	...	56	24	13
Total ...	290	...	...	206	55	29

It will be seen from the blood reactions of these admissions that the Meinicke clarification reaction and the Wassermann reaction were in agreement approximately to 98 per cent.

The Bi-coloured Guaiac test has been used recently as a comparative test to the colloidal gold reaction of Lange and a close agreement has been found.

The *milk supply* has been submitted to bacteriological examination both by plate culture and by the methylene blue reductase test each month throughout the year, and the water supply was examined bacteriologically and chemically on 4 different occasions.

The *treatment of cases of G.P.I.* by the inoculation of malarial blood was continued. Nine cases were treated—4 patients improved sufficiently to be allowed to return home, 3 cases showed no improvement and have since died, and the remaining 2 patients showed some degree of benefit from the treatment.

The Enumeration of Blood Platelets in Mental Disorder.—Dr. D. K. Bruce was awarded the Bronze Medal of the Royal Medico-Psychological Association during the year for his dissertation on this subject. The results of this investigation are contained in a paper shortly to be published in "*The Journal of Mental Science.*"

Sulphur Content of the Blood.—An investigation on the sulphur content of the blood was undertaken by Dr. D. K. Bruce on a selected number of cases. The colorimetric method was used as described by Peters and Van Slyke. An increase in the total sulphur was noted in most of the cases of melancholia examined, and a decrease was observed in those cases of psychoses associated with a diminished motor and mental activity such as extreme stupor and primary dementia. It is intended to pursue this investigation further and to publish the results when a sufficient number of cases have been examined to permit of any conclusions.

VII.—FROM THE LANCASHIRE COUNTY MENTAL HOSPITAL, RAINHILL, nr. LIVERPOOL.

Report of Clinical and Pathological Investigations. Communicated by
Dr. E. F. REEVE, Medical Superintendent.

Laboratory Report.

The following is a summary of the examinations carried out in the laboratory during the year :—

Urine : Routine, 689; sputum, 95. Blood : Counts, 80; films, 46; sugar (glucose tolerance) tests, 6; pellagra test, 1; culture, 1; Sigma reactions, 594; N.P.N., 18; Van-den-Bergh, 2. C.S.F.: Sigma reaction, Lange's test, cell count,

Nonne Apelt test, 73; bacteriological, 18. Faeces: Bacteriological and microscopical, 95; swabs, 53; dysentery clearance tests, 235; for T.B., 10. Material from lesions: microscopical and cultural, 30. Vomit: 3. Test meals: 2. Vaccines: 2. Throat swabs: 12. Post-mortem examinations: 71 (46 per cent. of deaths).

Much material collected for photographs, microscopic sections and in some cases photomicrographs made for P.M. records. Photographs of patients on admission and discharge, X-ray examinations 223 cases.

The laboratory work is still being carried out for the local public assistance institution.

Treatment by Pyrifer.—By Dr. J. E. HOWIE.

For the last 18 months Pyrifer has been used as the routine treatment of general paretics admitted to this hospital and in this article I wish to present a short account of the results obtained from these patients together with cases treated by Pyrifer at the County Mental Hospital, Prestwich (1933–1935).

The series consists of 73 general paretics (6 female and 67 male) and includes 5 voluntary patients and 1 juvenile case. The results of the treatment have been as follows:—

Discharges	...	...	...	...	27
Considerable improvement	...	...	...	...	8 (1 died—lobar pneumonia).
Improvement	...	...	...	...	9 (1 died—cardio vascular degeneration).
No change	...	...	...	...	12
Died	...	...	...	...	19 (including above 2 deaths).

A history of previous malarial treatment in a mental hospital or elsewhere was obtained in 15 of these patients. These cases responded to Pyrifer treatment in the following manner:—

Discharges	...	...	...	...	4 (including 3 voluntary patients).
Considerable improvement	...	...	...	...	1
Improvement	...	...	...	...	2
No change	...	...	...	...	5
Died	...	...	...	...	3

In order to obtain a better comparison between the results obtained by malaria and Pyrifer I feel that these 15 malaria-treated cases should be excluded. This leaves a series of 58 patients in which the following results have been obtained:—

Discharges	...	...	...	...	23
Considerable Improvement	...	...	...	...	7 (1 died—lobar pneumonia).
Improvement	...	...	...	...	7 (1 died—cardio vascular degeneration).
No change	...	...	...	...	7
Died	...	...	...	...	16

A comparison of these results with those following treatment by malaria in this hospital gives the following figures:—

	Cases treated.	Cases discharged.	Percentage discharged of cases treated.
Malaria	72	25	34.7
Pyrifer	73	27	37
Pyrifer (excluding malaria-treated cases)	58	23	39.7

This comparison presents in my opinion a definite justification for the further use of Pyrifer in the treatment of general paresis.

In the series described several patients have been in such poor bodily condition that their treatment by malaria has been impracticable and I have been impressed very favourably by the greater safety of Pyrifer. Out of 70 cases of general paresis admitted to hospital Pyrifer has been given to 67, of which 63 have received the full course of treatment.

The treatment is borne extremely well and is comparatively free from danger. In conclusion I would like to point out that the height of the temperature can be readily controlled and the treatment discontinued whenever this is desired, this rendering it possible to apply treatment to old and feeble patients.

VIII.—FROM THE LANCASHIRE COUNTY MENTAL HOSPITAL,
WHITTINGHAM, PRESTON.

General Report.—By Dr. A. R. GRANT, Medical Superintendent.

Laboratory Work.—The following is a summary of the work carried out during the year 1936.

Urine : routine examinations, 6,436; sugar estimations, 276. Blood : Meinicke reactions, 491; total counts, 75; microscopical 89; differential counts, 83; malaria, 2,450; sugar estimations, 12; cultures, 3; agglutination tests, 2,039; calcium estimations, 14; urea estimations, 10. C.S.F. : Lange's colloidal gold tests, 440; colloidal gamboge, 440; sugar estimations, 440; cell counts, 440; globulin tests, 880. Bacteriological : sputum, 55; faeces, 1,245; faeces examined for T.B., 588; pus swabs, 65; throat swabs, 176; urine, 28. Gastric contents : total examinations, 50. Pathological sections, 320. Vaccines, 3. Photographs and lantern slides, 581. Post-mortem examinations, 123 (53·9 per cent. of deaths).

X-ray Department.—Total X-rayed, 223 (males 61, females 82, staff 80) Number of films, 358.

Ultra Violet Ray Department.—Patients treated, 308 (males 108, females 200); attendances 3,756. Staff treated, 90; attendances 1,100.

Dental Surgeon.—The dental Surgeon visited the hospital twice weekly; 761 patients were seen, 107 of these in their own wards; 2,101 extractions were performed, 378 anaesthetics, local and general, were administered; 66 cases were treated by scaling, cleaning and oral prophylaxis generally, and 141 received other surgical operations including fillings; 24 were supplied with new dentures; 23 had their own old dentures remodelled; 34 had their dentures repaired.

Mental Out-patient Centres.—At the Royal Infirmary, Preston, the number of new patients was 78 and the total number of attendances 107. At the Royal Infirmary, Blackburn, the number of new cases was 92, and the total number of attendances 580. The out-patient clinic at the Victoria Hospital, Burnley, is now completely under the control of this hospital. Hitherto it was held once a month, but now it will be held weekly.

All these clinics are now well established, and they are managed in the same way as the other out-patient clinics of voluntary hospitals. The results so far achieved have been very encouraging.

Treatment of General Paresis.—During 1936, the number of patients treated was 35 (24 males and 11 females). Of these, 7 were discharged recovered, 2 males and 5 females. The general physical and mental condition of the patients admitted suffering from general paresis has been very poor. This was particularly noticeable in the case of the males.

Prolonged Narcosis.—During the year, treatment by prolonged narcosis has been started in this hospital. So far 14 patients have been treated by the somnifaine-insulin method. It is yet too early to give results but these will be published in due course.

Clinical Cases.

Case 1. J. E. T. Admitted 7th February, 1935. Age 32.

On admission he was in poor bodily health. He was a typical case of dementia praecox. He was depressed and miserable, and took little interest in his surroundings. Up to the time of his death he varied little. He was self-absorbed and rarely spoke.

He was given liver extract on account of anaemia. Towards the end of the year, he became weaker and showed signs of emaciation. He became difficult over his food, and he developed colitis. He eventually died on February 20th, 1936.

Post-mortem findings.—The body was emaciated. The heart was small and weighed 6 ozs. The lungs were slightly congested. The pleurae were not adherent. The stomach and intestines were apparently healthy. The kidneys were slightly congested and weighed 4 ozs. each. The liver was also congested. The pancreas showed some fibrosis. Both suprarenal glands showed tubercular nodules throughout.

Commentary.—Here is presented a case of Addison's Disease diagnosed post-mortem. The essential clinical features of the disease are masked by a psychosis characterized by anergia. Furthermore pigmentation usually present in Addison's Disease was absent in this case.

It is possible that there was not the usual disturbance of tyrosin metabolism—a feature of hypo-adrenia—and that there was a sufficiency of ascorbic acid to hold in check the production of melanin and its deposition in the skin.

Case 2. G. M. Admitted 17th February, 1903. Age 67. Case of Lymphadenoma.

On January 12th, 1935, he complained of sore throat. The condition was diagnosed as acute quinsy. Temperature ranged about 101° F. for over a week, and then the condition subsided.

About the middle of February, he complained of a troublesome cough, and pneumococci were found in the sputum, which had a characteristic rusty appearance. His temperature did not subside until the end of April.

On the 13th May, he again complained of sore throat, and his temperature in the evening was 99·2° F. An evening rise of temperature persisted till the end of the month. No evidence of tubercle bacillus was discovered in the sputum.

About the middle of June it was noticed that the glands of his neck were symmetrically enlarged. The inguinal glands were similarly affected. They were elastic to the feel, and were not matted together. The axillary glands also became affected. The Pel-Ebstein syndrome was present. A curious feature of the case was the subsidence of the swelling when fever was present. He eventually died on June 18th, 1936.

Post-mortem examination revealed further enlargement of glands, notably the mediastinal and mesenteric groups. The heart was enlarged and weighed 17 ozs. The liver was enlarged, pale and of nutmeg appearance. There was no bile in the gall bladder. Both lungs were congested and the left showed some consolidation.

The interesting features of the case were the age of the patient, the sudden appearance of the glandular swellings, and the onset of the disease after a number of attacks of acute fever due to well recognized infections.

IX.—FROM THE LANCASHIRE COUNTY MENTAL HOSPITAL, WINWICK, WARRINGTON.

General Report.—Communicated by Dr. F. M. RODGERS, O.B.E., Medical Superintendent.

A.—Routine Laboratory Work.

Urine examinations: general, 4,369; microscopic, 1,450; estimations, 24; bacteriological, 45. Blood examinations: counts, 25; estimations, 7; micro-Meinicke 144; micro and macro-Meinicke, with routine and presumptive Kahn, 211; Wassermann, 51; Widal, 55; malaria films, 854; cultures, 6. Spinal fluid examinations, 2; complete, including Kahn, cell-count, globulin test, protein estimation and Lange, 98; Wassermann, 15; cultures, 1. Other fluids: various, 12. Stomach contents, 11. Bacteriological examinations: pus, etc., 19; throat swabs, 13; sputa, 69; faeces for typhoid and dysentery, 805; faeces for agglutination tests, 34; faeces for T.B., 156; other faeces, 9. Vaccines, 6. Histological, 16. Photographs, 390. Post-mortems, 54 (38 per cent. of deaths).

B.—*The late results of Malarial Therapy.* By Dr. J. ERNEST NICOLE, D.P.M., and Dr. G. J. HARRISON, D.P.M. A paper read at the *Royal Society of Medicine*, December, 1936.

In order to estimate the value of malarial therapy, a follow-up was undertaken of old neuro-syphilitics, including only *those cases* who were *admitted* to hospital from 10 to 14 years ago. By this means, although one limits one's series to very small dimensions, one avoids the confusion arising from the inclusion of patients treated only recently, the results from which are as yet uncertain. Furthermore, the treatment used in the 1923–26 period consisted of malaria only and therefore the results are to be ascribed entirely to the malarial therapy and not, in part at least, to the additional influence of such drugs as tryparsamide.

During the period 1923-26, 160 cases (male) were admitted, 152 of which were general-paralytcs, 6 were meningo-vascular syphilitics and 2 were tabetics. In all, 129 were inoculated, but as 14 either failed to respond or died before the onset of rigors, only 115 actually had malaria. Several were inoculated for a second attack of malaria (41) and for a third (12), often repeatedly and unsuccessfully, so that the total number of attacks produced was only 154, although 220 inoculations were performed.

Clinical Results.—Considered along the broadest of lines, in terms of discharges and of length of survival, the results are reasonably good in that whereas none of the 45 non-malarialized cases were discharged, yet of the 115 malaria cases 36 went home. As regards longevity, the numbers of patients alive for each succeeding year after admission, amongst the non-malarialized cases were, 7, 4, 2, 2, 1, 1, and 0, that is, 90 per cent. of them were dead before the end of the second year, and all had died by the end of the seventh.

Of the 115 treated cases, the numbers *at home* at the end of each year after admission, up to 10 years, were 16, 25, 21, 19, 17, 17, 16, 15, 14 and 13, while the numbers alive *in hospital* were 72, 51, 43, 33, 30, 26, 25, 22, 21 and 20. In other words, some 50 per cent. lived 5 years after admission, and some 29 per cent. lived the full 10 years. Of the 13 at home after 10 years, only 2 were unable to work, though 2 more happened to be unemployed. Two of the 20 hospital cases alive after 10 years might well have been at home had they had such a place to go to.

These longevity figures might have been higher had it not been for the occurrence of deaths from causes other than neuro-syphilis. Thus, 12 patients died :—of tuberculosis (4), of influenzal pneumonia (5), of stroke and aortic-disease (2), and of an accident (1). Three of these cases died at home in the 5th, 8th and 9th years respectively.

Comments.—The highest recovery rate, 50 per cent., occurred amongst those patients having had 9 rigors in the first attack, those with 10 and 11 rigors coming next, 44 per cent. each. The average number of rigors was 7·25 in the 115 first attacks, 4·94 in the 34 second attacks, and 3·0 in the 5 third attacks. The value of renewing treatment is shown by the fact that of the 29 unimproved cases who had 2 attacks 7 were subsequently discharged, while 1 of the 5 who had 3 attacks also went home.

On admission, 47 cases were completely bed-ridden; 34 of them were inoculated, 28 had malaria (= 25 per cent. of all malaria cases) and 5 were discharged. As regards cleanliness, 93 cases were admitted with wet and dirty habits; 71 of them were inoculated, 62 had malaria (= 54 per cent. of all malaria cases), 32 became clean, and 11 were discharged.

Serological Results.

Examinations were performed on 400 cases before malaria and in 450 instances after malaria, though these latter naturally included the frequent re-examining of the same cases. As the time element is so important, the results were divided into groups, in accordance with the post-malarial year in which they were obtained, no case being included more than once in any one such year. The results can be briefly indicated in terms of the frequency with which abnormal reactions were found in each year-group.

Blood.—After the third year (after malaria) the blood Wassermann was still positive in only 70 per cent. or less of the sera examined. By the seventh year the proportion had fallen to less than 50 per cent. The flocculation test (Meinicke and Kahn in agreement with each other) being much more sensitive, remained positive in at least 80 per cent. of instances, throughout the post-malarial period.

Fluid.—The Wassermann test in the fluid improved more readily than it did in blood; thus, after the fifth year, the proportion of positive Wassermann remained below 30 per cent. The flocculation tests however—Kahn—only dropped to the 50 per cent. mark by the eighth year.

The cell-count improved rapidly. Already by the first year the increased cell-counts were below 50 per cent., and were 20 per cent. or less from the fourth year onwards. In 40 fluids examined in the 10th to 14th years, only one raised cell-count occurred.

The globulin test showed a slow improvement with a tendency to relapse in the third and fourth years. After the fifth year, the positive globulins fell to below 50 per cent.

The protein estimation was raised in less than 50 per cent. of the fluids examined after the first post-malarial year, in less than 25 per cent. after the fifth year, and was normal in all the 40 fluids examined in the 10th to 14th years.

A Lange curve reaching 5 or 4 occurred in less than 50 per cent. of the cases examined after the 2nd year. In 80 cases examined from 7 to 14 years after malaria, only one such curve occurred. The curves reaching only a 3 or a 2 rose in number till in the 4th to 7th years they were found in over 50 per cent. of cases, hovering round 50 per cent. after that. The normal curves of 1 and 0 remained below 15 per cent. for the first 4 years, but after the seventh they varied from 40 per cent. to 55 per cent.

Conclusions.

Malarial therapy results in about one-third of the cases being discharged. Whereas some 90 per cent. of the non-treated cases die during the first 2 years after admission, half the treated cases will live at least 5 years, and nearly a third are likely to live a full 10 years. Of the 10-year survivors, nearly a half are able (with the help of reasonably good circumstances) to be at home, and, in three quarters of instances, likely to be fit for some kind of work. Even in dirty and bed-ridden cases the results are encouraging.

The serological changes are slow, they do not become prevalent until at least 5 years after malaria, but they are striking by the end of 8 or 10 years and often include the attaining of completely normal reactions.

C.—*Pregnancy in General Paralysis of the Insane.*—Report of 2 cases which resulted in living children and recovery. By Dr. MARGARET A. QUINE, D.P.M.

The cases are of interest, not only for their rarity, but for certain points of similarity and contrast in the clinical states and treatment.

The First Patient, (P), a primigravida, was originally (that is, before her illness) a very bright, intelligent woman. She responded well to treatment, made uninterrupted progress and was discharged recovered.

The Second Patient, (M), a multigravida, had been less quick-witted and more indolent mentally. Further, on admission, her speech and muscular co-ordination were seriously affected. On this account she was given slightly different treatment. These facts must be considered in accounting for her less satisfactory progress. She is now having a course of malarial therapy in the hope of obtaining further improvement.

To facilitate comparisons the chief points of interest have been tabulated and are appended :—

On Admission.

Factors common to both.

Age 40 years.
Pronounced mental illness two months.
Pregnancy four to five months.
No anti-syphilitic treatment had been given.
Flabby, fat, below par, dull, indolent.
Lethargic, no conversation, faulty habits.
Lost to surroundings and state.

Tests for Syphilis.

Positive in blood and C.S.F.
 Lange paretic curve present.
 Protein plus. Globular plus. Cells plus.

P. Had a copious, foul vaginal discharge. Slight mitral incompetence. Frequent slight pyrexia. No gross neurological signs.

M. Was anaemic. Motor system involved. Speech and muscular co-ordination affected.

*After Admission.**Ante-Natal Treatment.*

P. Was given no anti-syphilitic treatment. The object was to improve and to maintain the health of the mother by tonics, diet, etc., vaginal douches.

M. Was given anti-syphilitics in the form of mercury, iodides, quinostab injections.

In both cases labour was induced at term by the Quinine and Ol. Ric. Method.

P. Had a living male child, healthy looking. Meinicke (Z) and Kahn (presumptive) tests were alone positive. All other tests negative.

M. Had a living female child. Not robust. All the tests for syphilis were strongly positive.

Post-Natal Treatment.

P. A course of quinostab injections. Inoculation with malaria (8 rigors in 5 of which the temp. rose above 105°) A second course of quinostab, mercury and iodides. Ultra violet rays.

M. A course of quinostab injections. 12 Pyrifer injections (producing 11 rigors in 4 of which the temp. just reached 105°). A second course of quinostab had to be discontinued because of albuminuria. Later, treatment by mercury produced a blue line.

Progress.

In each case a definite improvement was noticed a few days after the fever terminated.

P. She became bright and fully aware of her new responsibilities. She showed good judgment and wit. The paretic curve was found to be changed to a luetic curve. She was discharged recovered six months after childbirth—eleven months after admission.

M. She became much improved. Progress rather slow. Easily confused and when agitated the tremors return. The paretic curve still persists. She is still under treatment.

Observations.

1. It is possible that the additional strain of pregnancy accelerated the toxæmia of syphilis, thus forcing attention to the mental state of the patient earlier than is usually the case in women affected by general paralysis.

2. The extra strain of pregnancy may contra-indicate anti-syphilitic therapy until after delivery.

3. P, who had no anti-syphilitic treatment before parturition, had a living and healthy looking child, with limited positive tests. In this case also the post-natal treatment with anti-syphilitics combined with *malarial* therapy, produced excellent results, the patient being discharged recovered.

4. M, who was treated ante-natally with anti-syphilitics, also had a living child, but weak and giving all the syphilitic tests positive. In this case also the patient had post-natal anti-syphilitic treatment, but the rigors were induced by *pyrifer* and not by *malaria*. The results were not so good and further anti-syphilitic treatment had to be stopped.

5. These findings seem to give support to the Scandinavian School who claim that anti-syphilitic treatment in late tertiary syphilis may be useless if not actually harmful.

6. The patient M who was treated with *pyrifer* showed a more clinically advanced state of paresis than the patient P who was treated with *malaria*; for that reason one cannot assume that malaria is superior to pyrifer as a curative test.

D.—*Uncommon Post-mortem Findings.—Three Cases.* By Dr. MARGARET A. QUINE, D.P.M.

1. *Unusual Hypertrophy of Bladder and both Ureters.*

The patient was an imbecile, age 37. Disabled by a flaccid paraplegia. The history stated that one parent was drowned. The other died from Bright's disease. The only collateral was a patient in another mental hospital. She was very helpless and suffered from incontinence of urine from the day of admission. The bladder was then palpable as a small firm pyriform swelling above the pubes. She improved in health slightly and was able to get up with assistance each day. The urine contained a trace of albumin in only one of several examinations. In 1936, 4 years after admission, she developed cystitis. Within 10 days she was in a uraemic coma and died 12 hours later.

Post-mortem examination.—Both ureters were greatly thickened, varying from two-thirds to three-quarters of an inch for their whole length. The kidneys were moderately enlarged from cystic degeneration. Pus was present in the pelvices. The bladder wall was over an inch thick; its mucous membrane lay in thick shaggy folds. A few ounces of pus and urine were in the cavity. The whole picture was one of long-standing ascending infection of the urinary tract.

2. *Completely Calcified Splenic Artery.*

The patient, a woman 50 years of age, was admitted in 1924 in a state of agitated melancholia. She was found to be suffering from mitral incompetence with cardiac irregularity. Six months after admission she had a series of apoplectic seizures which left her with paresis of the right arm and leg. A few months later she had another single seizure which accentuated the paralysis and affected her speech. Dementia and weakness kept her bed-ridden for years. She had occasional seizures. Twelve years after admission she was completely demented, paralyzed, unable to articulate any word, or to care for herself in any way. She then had a series of Jacksonian fits with twitching of the face and limbs but without loss of consciousness. These recurred at intervals till she died 8 months later.

Post-mortem examination.—Generalized arterio-sclerosis was present, principally affecting the iliac and cerebral vessels and, in particular, the splenic artery. The brain showed thickening and oedema of the membranes. There was marked atrophy of the left cerebrum; the membranes over it showed brown discolouration. The left Island of Reil was obliterated and replaced by a bag of brownish fluid. In the left cerebellum Deiters nucleus was also obliterated by softening, due probably to old haemorrhage. The splenic artery was completely and continuously rigid with calcareous deposits for its whole length (about 8 inches); it was as brittle as a clay pipe stem and its diameter was much increased to about two-thirds of an inch.

3. *Patent Foramen Ovale.*

The patient, aged 28 years, was admitted in 1930. She was in a state of mania. There was a history of rheumatic fever. She was found to have an enlarged heart. A loud mitral systolic murmur was present. Within a year

she had become melancholic and, after this, steadily demented. Three years after admission she became more or less bed-ridden on account of failing circulation. In January, 1936, she developed a very mild attack of facial erysipelas; on the third day of this illness, she collapsed and died within a few hours.

Post-mortem examination.—The heart weighed 19 ounces, the right side appeared more prominent and of more importance than the left; its ventricular walls and papillary muscles were tremendously hypertrophied. *Valves.*—The auriculo-ventricular valves on both sides were thickened and incompetent.

A membrane, an inch and a half by an inch, filled the foramen ovale. In this membrane was a large aperture three-quarters of an inch by half an inch in size. No other congenital defect was present.

X.—FROM THE BANSTEAD (LONDON COUNTY) HOSPITAL, SUTTON.

General Report.—By Dr. A. A. W. PETRIE, F.R.C.P., F.R.C.S.E., D.P.M., Medical Superintendent.

Summary of Routine Work of the Pathological Laboratory.

Laboratory Work.

The following is a summary of the routine work of the pathological laboratory :—

Urine tests, 4,040; faecal plating for typhoid and dysentery, 1,080; sputum tests for T.B., 256; Widal agglutination tests, 477; blood cultures for enteric groups, 170; throat swabs for diphtheria, etc. (stained and cultured), 20; blood counts (complete), 72; malaria blood slides (stained and examined), 42; faecal tests for occult blood, 20; blood sugars, 4; blood sedimentation tests, 14; P.H. urine tests, 16; post-mortem examinations, 124.

At Central Laboratory: histological reports, 36; blood Wassermann tests, 200M. 250F. 450T. (Positive, 25M. 10F. 35T.; c.s.f. tests 30M. 10F. 40T. (Positive, 14M. 2F. 16T.).

Dysentery.—An outbreak of Sonne dysentery occurred on the female side of the hospital, ten patients proving positive to this type of bacillus.

The salient features of the outbreak were diarrhoea and vomiting with a moderate pyrexia—usually to 101° F. at the fastigium. The stools were of a watery type usually, and in only two cases contained blood and mucus. In two cases the temperature rose to 103° F. and 104° F. The length of the disease was usually 3 days, but in the two more serious cases lasted 4 and 5 days.

At the time of this outbreak, an extensive outbreak of diarrhoea and vomiting was occurring in the Sutton area, and it is difficult to feel that the outbreaks were not connected. It seems more than possible that the non-resident staff returning to duty infected the patients, but by the time the matter was investigated such staff had fully recovered. Sonne dysentery was not isolated from local wells which merely showed an increased B. Coli content and the increased coli content was also found in the local hospital well. Chlorination terminated this outbreak and removed coliform infection from the suspected wells.

Post-mortems.—Cases of interest among the post-mortem examinations, included a case of pellagra with gastro-intestinal skin symptoms, and also a case of aortic coarctation in a man of 58, who was admitted in a confused state, associated with his cardiovascular lesion.

Two cases died from asphyxia, one of these strangling himself with his bedclothes. The other, an actively suicidal patient, was found dead in a padded room. She had not been closely inspected for about 90 minutes as she had appeared to be asleep. Death appears to have occurred shortly before she was found as excreta voided presumably at death, had not soaked into her strong rugs. She had apparently wedged her nose and mouth into

the drainage gutter between the floor and wall of her room bracing her feet against the opposite side of the narrow padded room, which sloped at an angle towards the door. She had cyanotic bruising of the nose extending down to her mouth. The official view of her death was that she committed suicide, asphyxiating herself by maintaining pressure on her face, having wedged her head and body against the walls of the room. Another possibility is that a spasm due to a fit caused the wedging of her body, and pressure on her face. There was, however, no evidence at all of any previous fits. On the balance of probabilities, it seems more likely that this was in fact a case of deliberate suicide.

XI.—FROM THE BEXLEY (LONDON COUNTY) HOSPITAL, BEXLEY, KENT.

General Report.—By Dr. G. CLARKE, Medical Superintendent.

A.—Laboratory Work.

The following is a summary of laboratory work carried out during the year :—

Biochemistry.—Urine examinations, 868; blood sugar estimations, 8; blood urea estimations, 14; c.s.f. analyses, 4; analysis of gastric contents, 31; occult blood, 17. *Bacteriology.*—Faeces, 493; urine, 460; sputa, 133; pus, 13; swabs, 21; agglutinations, Widal's, etc., 111; demonstration of parasites, 10. *Haematology.*—Total counts, 67; differential counts, 28; malarial parasites, 30. *Histology.*—Preparation of tissues for section, 254; museum preparations, 27. *Post-mortem examinations*, 77 (71 per cent. of deaths).

B.—Scarlet Fever.

Two cases of scarlet fever occurred in the female Admission Hospital. The remaining patients in the ward (49) and all nurses who had come in contact with them (27) were Dick tested and the positives (10 patients and 8 nurses) were passively immunised. The outbreak was confined to the original cases who made uncomplicated recoveries.

C.—Therapeutic Trials.

“Crylarsan” brand of Neocryl, a new arsenical anti-syphilitic remedy, is being tried out at the request of the Medical Research Council, who are supplying the drug. So far 6 male and 4 female cases of general paralysis have been treated. All had previously been treated with malaria and 2 with trypanosamide in addition. All the men, including 1 congenital case, were old-standing dementing cases, and 3 out of the 4 women were also demented. The results in these cases were not very encouraging, as might be expected. The blood and c.s.f. were not significantly affected by the treatment and no mental changes occurred. Toxic effects were shown in 2 cases, vomiting only in 1, and vomiting and dermatitis in another. A full report is being furnished to the Medical Research Council in due course, and it is proposed to treat further cases showing meningo-vascular syphilitic lesions when these occur.

XII.—FROM THE CANE HILL (LONDON COUNTY) HOSPITAL, COULSDON.

Laboratory Report.—Communicated by the Medical Superintendent.

The following is a summary of the routine laboratory work carried out during the year :—

Urines: general, microscopical, cultivations, 1,865; Faeces: typhoid and dysentery, 480, blood and T.B., 9; Widal's, 10; complete blood counts, 65; blood cultures, 10; sputum, T.B., pneumonia, etc., 70; throat swabs, 20; other swabs, 12; blood-sugars, blood ureas, 9; blood, malaria, 12; c.s.f. general tests, 4; Van den Bergh's, 3; vomit and fractional test meals, 7; pus cultures, 10; museum specimens, 6; histological specimens, 35; blood c.s.f. to Maudsley, 325; deaths, 103; post-mortems, 85 (82.5 per cent. of deaths).

XIII.—FROM THE CLAYBURY (LONDON COUNTY) HOSPITAL, WOODFORD BRIDGE.

General Report.—By Dr. G. F. BARHAM, Medical Superintendent.

A.—Laboratory work.

The following is a summary of the routine work carried out during the year. (Total number of specimens : 11,280) :—

Urine : routine, 4,768; bacteriological, 512; T.B., 1; spectroscopic, 1; diastatic index, 1. Faeces : bacteriological, 4,155; T.B., 17; occult blood, 37. Sputa : T.B., 161. Blood : sugar estimation, 543; counts, 491; urea estimation, 74; culture, 2; Van den Bergh, 11; films, 115; bromide, 13; calcium, 2; sedimentation rate, 1; reticulocyte count, 44. Urea concentration, 24. Scrapings, 26. Pus, including pleural and other fluids, 12. Widal, 29. Post-mortem specimens, 6. Throat swabs, 58. Vomits, 13. Test meals, 156. Vaginal swabs, 5. Miscellaneous, 2. Post-mortems, 84 (75 per cent. of deaths).

B.—Research work.

(1) The bacteriology of the faeces of 22 typhoid carriers was investigated in collaboration with Dr. Felix of the Lister Institute and the Maudsley Hospital.

Eleven cases showed *B. typhosus* in the faeces at least 6 months after the primary attack. In the remainder the primary attack could not be traced in this hospital. The longest period over which *B. typhosus* organisms persisted was 26 years. The enquiry has shown that 10 cases (nearly 50 per cent.) have a negative Widal agglutination reaction in the presence of positive results in the stools. Nine cases showed the V.1 strain and, of these, 4 cases had the V.1 strain without T.H. and T.O. strains.

(2) By Dr. J. N. MORRIS.

An investigation into all cases of glycosuria occurring during the year. Of 105 cases, 73 were females and 32 males. Twenty-nine cases of the total number were found to be suffering from diabetes mellitus; the rest were transitory or due to a low renal threshold. This large group of transitory glycosurias suggests further investigation. Senile and arterio-sclerotic cases accounted for the largest single group of diabetes mellitus.

(3) By Dr. D. E. SANDS, M.R.C.P. Ed.

(a) A continuation of the clinical administration of prominal has been carried out in the treatment of epilepsy, and will be the subject of a report in the current year.

(b) An investigation into the mode of action of benzedrene sulphate on depressive, stuporose and epileptic patients.

(c) In view of the recent recognition of the importance of the blood bromide level, work was commenced at the end of the year to ascertain the blood bromide content in new admissions, and in cases under treatment with this drug in the hospital.

XIV.—FROM FRIERN (LONDON COUNTY) HOSPITAL, NEW SOUTHGATE, N.11.

Report of Clinical and Pathological Investigations.—By Dr. JOHN BRANDER, F.R.C.P., D.P.M., Medical Superintendent.

A.—Pathological Investigations.

During the year 658 examinations were made in addition to the preparation of sections for pathological examination and for purposes of research.

Summary of Examinations.—Urine : routine, 132; bacteriological examination, 4; examination for haemotoporphyrin, 3; for bile pigments, 5. Blood : Van den Bergh, 6; urea estimations, 6; sugar estimations, 30; total counts, 35;

differential counts, 22; malarial films, 22; agglutinations, 18; cell fragility tests, 1; c.s.f. complete examination, 1. Faeces: Occult blood, 3; bacteriological examinations, 238. Bacteriological: throat swabs, 21; Sputum, examined for T.B., 37; for pneumococci, 1; swabs from cervix, 3; fluid from chest, 1; pus, 4; vaccines prepared, 1. Organs permanently mounted for museum, 6. Post-mortems, 65 (50 per cent. of deaths).

B.—Publication.

A Paper dealing with "Studies of the Human Pituitary in Health and Disease" was read before the section of Psychiatry of the Royal Society of Medicine by Dr. Brander, Medical Superintendent, and was published in the *Proceedings of the Royal Society of Medicine*, April, 1936, Volume XXIX.

XV.—FROM ST. EBBA'S (LONDON COUNTY) HOSPITAL, EPSOM.

General Report.—By Dr. L. H. WOOTTON, M.C., D.P.M., Medical Superintendent.

A.—Laboratory Work.

The following is a summary of the examinations carried out in the laboratory during the year :—

Urines: routine and microscopical, 690; special examinations, 6. Vomit (? blood): 1. Bacteriological: faeces, 5; pleural fluid, 2; blood, 1; sputum, 2; pus, 1. Post-mortem examinations, 15 (68 per cent. of deaths).

B.—Publication.

"*Mental Hygiene and Constitution in Schizophrenia. An investigation of 50 cases.*" By Dr. ANGUS JAMES GALBRAITH, D.P.M. Thesis accepted for M.D. Edinburgh.

An outline of the results obtained from this investigation can be divided into 2 groups, as indicated by the title of the thesis :—

1. *Constitution.*—This denotes a study of the prepsychotic personality of the individual, and wherever possible consisted of a complete "life history" of the patient. It was found that schizoid traits existed in at least 78 per cent. of these cases, prior to the onset of the actual mental illness. These traits varied in their duration, and in about a third of the cases were apparent even during the first few years of life. Further, the recovery rate showed a remarkable inverse relationship to the duration of prepsychotic schizoid tendencies. This would appear to be most helpful in estimating prognosis in schizophrenia, and illustrates the necessity for a detailed and accurate "life history."

2. *Mental Hygiene.*—In this direction the investigation consisted of an attempt to elucidate those factors which either promoted schizoid traits, or precipitated the actual mental illness. Numerous hygienic faults were discovered to exist, both in the home life of these patients and in their relationship with the outside world.

It was very evident throughout the investigation that an earlier recognition of schizoid personalities might have been achieved, if skilled observation had been available. As no less than 60 per cent. of these cases were apparently schizoid during the school age, the necessity for psychological medicine to take its place in the routine examination of the school child is obvious. If this were done, preventative measures might well be established, and the liability of the potential psychotic to mental breakdown might be reduced.

Finally, the desirability for observation and guidance, in those cases who recovered sufficiently to leave hospital, was discussed, with special reference to measures designed to prevent the recurrence of the adverse factors which had existed in the prepsychotic life.

C.—Research Work.

An investigation is being carried out on the calcium metabolism of schizophrenic patients, particularly in relation to cyanosis of the extremities.

An investigation is also being undertaken on the blood bromides of psychotic epileptics, non-epileptic psychotic patients and also recent admissions to the hospital.

XVI.—FROM ST. BERNARD'S (LONDON COUNTY) HOSPITAL, SOUTHALE.

General Report.—By Dr. J. B. S. LEWIS, D.P.M., Medical Superintendent.

Laboratory Report.

The following is a summary of the work done in the pathological laboratory during the year :—

Urices, 654; faeces, 131; blood films (malaria), 179; blood bromides, 189; blood counts and Hb., 68; skin scrapings, 73; sputum, 40; swabs, 10; blood sugars, 9; blood urea, 5; test meals, 2; Kahn's reactions, 74; Sach's Georgi reactions, 74; Lange curves, 3; histological sections, 4; museum specimens, 5; post-mortem examinations, 72 (46 per cent. of deaths).

An Investigation into the effect of prolonged bromide sedation. By Dr. A. Torrie, D.P.M.

Blood bromide estimation by Wuth's method was carried out on 64 patients who had required frequently repeated sedative treatment. The length of treatment had varied from 4 weeks to 4 years. Blood bromide values were obtained varying from 350 mgms. per 100 c.cs. of serum to the normal figure of 10 mgm. There was no correlation between the dosage and the bromide content in the blood.

Of these 64 patients, 33 had a blood bromide concentration exceeding 150 mgms. per 100 c.cs. serum, suggested by Wuth as the toxic zone. Of these 33 patients, none had any history of bromide delirium. Eight had mild symptoms of bromide intoxication, namely, apathy, occasional amnesia, slight tremors of the tongue and arms and mask-like facies. There was only 1 case of bromide acne. Four of the 8 cases suffered from arterio-sclerosis. Ten grammes of sodium chloride daily for 2 weeks cleared up the symptoms and brought the blood bromide levels to normal, the drug itself having of course been withdrawn.

The infrequency of bromide toxicosis in this series was somewhat puzzling, until it was realized that with the bromides was administered chloral hydrate in doses equal to half the dose of bromide. As a result the patient was receiving chloride equivalent to the dose of chloral hydrate.

It is suggested that bromide and chloral act synergistically so that the patient becomes gradually habituated to the bromide and the incidence of bromide toxicosis is diminished. The inclusion of sodium chloride in a simple bromide mixture in the proportion of 1 to 2 should diminish the toxic effect of the drug in the same way as sodium salicylate is generally accompanied by sodium bicarbonate for the same reason.

The blood bromide estimation is now made in this hospital on every fresh admission. Out of a series of 34 consecutive admissions, 17 were found to have had blood bromides above normal. One of these cases had a typical confusional psychosis, which cleared up dramatically on the administration of increased fluids and sodium chloride. This was the only case in the toxic zone, the blood bromide being 270 mgms. per 100 c.cs. of serum."

Treatment of Schizophrenia by prolonged Narcosis with Somnifaine.—Dr. L. W. Russell, D.P.M., treated 9 cases of schizophrenia, young men, by prolonged narcosis with somnifaine. Five showed no improvement, 3 a little improvement (2 being discharged under section 79), and 1 much improvement. Psychological investigation was attempted after narcosis in every case. The case showing much improvement was treated psychotherapeutically

throughout the year. Improvement was rapid and he was discharged after 2 months but relapsed after a week. His psychosis consisted of ideas of guilt and unworthiness, belief in a "special mission," hallucinations of hearing, impulsive acts and uncontrolled affective responses. This was found to be a reaction to an oedipus situation at home, intensified by the development of a similar situation (with masturbation by the woman) in lodgings when working away from home. There was also jealousy of the younger brother and repressed homosexual tendencies. The relapse was due to Cain jealousy which led to attacks on the brother. Daily therapeutic talks were recommenced and slow improvement (negative transference often) was followed by discharge on trial at the end of 1936. He is now well behaved, rational, very rarely shows traces of delusional beliefs, free from hallucinations, but at times slow and lacking in initiative.

Treatment of Schizophrenia by Hypoglycaemic Shock.—Dr. L. W. Russell also treated 8 cases of schizophrenia by hypoglycaemic shock, following the publication of technical details in Dr. I. G. H. Wilson's report on this method. Only 1 of these cases was completed before the end of the year. This was a female, aged 31, who had had a similar attack 7 years before and whose present attack had lasted $1\frac{1}{4}$ years. Before treatment, was impulsive, tearful for no good reason, staring vacantly, verbigerating. Treatment was started with 20 units of insulin on October 20th. She was generally rational and showed reasonable affective response by the 5th day. The dose of insulin required to produce coma was 80 units. After waking on the 10th day said, "Everything has changed; I seem to have come round." Afterwards, psychosis was only seen during hypoglycaemia and treatment was ended on the 24th day, after gradual reduction of dosage. She showed no psychosis at all during the last 3 days. She has now been discharged for 3 months and shows complete remission of the psychosis.

The remaining cases have all shown some improvement, 2 having remissions which appear to be complete. The remaining cases were of long standing, from 3 to 11 years; the improvement shown is greater in the more recent cases. There have been 2 cases of complete relapse after withdrawal of insulin, with subsequent improvement on recommencing treatment. The conclusions of Dr. Wilson's report are agreed with and the treatment is being continued and seems to be the most promising method for treating schizophrenia yet used.

Dr. D. I. Cameron, D.P.M., is collaborating with Dr. M. A. B. Brazier in investigation in the Impedance Angle in Manic-Depressives, and is also studying the effect of additional insulin in under-nourished patients. Both these investigations were begun towards the end of the year and are continuing.

XVII.—FROM THE HORTON (LONDON COUNTY) HOSPITAL, EPSOM.

General Report. By Dr. W. D. NICOL, M.R.C.P., D.P.M., Medical Superintendent.

Pathological Department.

Analysis of pathological investigations :—

Urine examinations : routine, 3,435; sugar estimations, 303; bacteriological, 88; specifically for *B. typhosus*, 117, for *B. tuberculosis*, 12. For estimations of : uric acid, 82; urea, 6; methaemoglobin, 8; haematoporphyrin, 12; urobilinogen, 42; urobilin, 20; lead, 1. Stools : complete examination for : enterica organisms and dysentery organisms, 304 (1 positive for *B. typhosus*); (10 positive for Sonne Dysentery), for *B. Tuberculosis*, 22; (No. of stools containing T.B., 1) for occult blood, 7; for parasites and ova, 6; for estimation of fats, 6. Blood : complete cell counts and haemoglobin estimations, 217, differential counts, 118; reticulocytes, 134; thrombocytes, 13; sugar tolerance curves, 17; laevulose tolerance, 5; blood cultures, 9; Van-den-Bergh reactions, 12; blood Widal's, 30; urobilinogen, 29;

icterus index, 9; Arneth index, 3; volume index, 4; blood bleeding time, 12; blood coagulation rate, 3; estimation of: blood bromides, 20; chlorides, 20; calcium, 6; cholesterol, 6; phosphates, 2; ureas, 23 (two of which were urea clearances); bilirubin and Van-den-Bergh units, 12; sedimentation rates, 20. Pus: culture and smears for pathogenic organisms, 30. Throat swabs: culture and smears for K.L.B. and pathogenic organisms, 39. Vaginal swabs: culture and smears for G.C. and pathogenic organisms, 13. Swabs, various: (ear wounds, nasal), 21. Sputum: examination for T.B., 59 (positive to T.B., 8). Culture on selective media for T.B., 59 (No. positive for T.B., 2). Gastric contents: Complete examination, 7. Test meals: Fractional analysis, 11. Washings from antrum: Examination for and culture of pathogenic organisms, 43. Typing of organisms: Pneumococci, 10; streptococci, 28. C.s.f.: Estimations for protein, 11; cells, 6; culture for pathogenic organisms, 4. Pleural fluids: Complete examination, 2. Post-mortem smears: 6. Tissue: histological preparation, 96; museum specimens, mounted, 12. Post-mortems, 126 (68 per cent. of deaths).

X-ray Department.

This department continues to do radiography for the neighbouring London County Council mental hospitals.

The number of successful plates registered during the year 1936 was 1,191, and the total number of cases examined was 787; of these, 440 and 269 respectively related to Horton patients.

Diagnosis and Treatment of Juvenile General Paralysis. By Dr. W. D. NICOL, M.R.C.P., D.P.M., and Dr. E. L. HUTTON, D.P.M.

Difficulties in diagnosis are more frequently found than in the acquired forms of the disease. The material for this paper is taken from 16 cases of young neurosyphilitics who have been admitted during the last 10 years.

The clinical picture presented by these cases is discussed, including both the mental symptoms and the physical signs. This is followed by the description of the treatment—malaria therapy was given in 15 out of these 16 patients—and of the results at the time of writing.

It is difficult to come to any definite conclusions with so limited a series of cases. Malaria treatment alone is disappointing; malaria followed by a course of arsenical treatment may prolong life.

In making enquiries regarding the parents and siblings of these patients, the authors became impressed with the real importance that should be attached to this line of investigation. Much more extensive research is necessary. The family histories of adult G.P.I.'s should be investigated and where evidence is found energetic therapeutic measures should be instituted. In this preventive aspect of medicine some hope may be extended to young sufferers and calamities in later life may be averted.

Proceedings of the Royal Society of Medicine. May 1936. Vol. XXIX. 48-54.

Some Clinical Aspects of General Paralysis. By Dr. W. D. NICOL, M.R.C.P., D.P.M., and Dr. E. L. HUTTON, D.P.M.

A preliminary discussion on the need for accurate diagnosis of G.P.I. based on both clinical and serological data, followed by a presentation of some of the clinical aspects met with in this disease, in an endeavour to elucidate from these those factors which influence the course of the psychosis and afford assistance in prognosis. The material for this paper was collected from approximately 100 consecutive admissions of each sex.

According to the symptoms which they present, sufferers from G.P.I. can be more or less subdivided into groups; this is of value because the different types of the disease tend to respond in different ways to malaria therapy, but these subdivisions are purely arbitrary distinctions and many mixed groups occur. The incidence and significance of the physical signs was also investigated, together with the age of the patient at the onset of the disorder.

A theory is put forward that possibly the grandiose delusions, the attacks of confusion and the maniacal outbursts are produced by certain irritative phenomena occurring in the brain cells and that the progressive dementia is, on the contrary, due to actual irreparable destruction of the brain tissue; this is formulated in an attempt to explain the marked difference in the recovery rate between patients showing grandiose delusions, confusion or mania, and those in whom evidence could be found of a simple dementia. In addition, the clinical picture is determined not only by the nature of the pathological process, inflammatory or degenerative, but by the distribution of the lesion in the nervous tissue and by the rate of its development.

The question of other psychoses associated with neurosyphilis, latent or otherwise, is briefly discussed, as is also the problem of asymptomatic syphilis of the central nervous system, but no definite conclusions are drawn.

The paper concludes by stating that one must still face the fact that treatment in many cases is disappointing. A large residue of these disappointments is accumulating in mental hospitals; but even discounting the fulminating cases, the recovery rate, which has remained constant since treatment was started, will never reach higher proportions until this disease is diagnosed earlier and treatment commenced immediately.

(*Journal of Mental Science*, Oct. 1935.)

XVIII.—FROM THE LONG GROVE (LONDON COUNTY) HOSPITAL, EPSOM.

General Report.—By Dr. F. G. L. BARNES, D.P.M., Medical Superintendent.

Routine Laboratory Work.

The following is a summary of the routine laboratory work carried out during the year:—

Blood: agglutinations, 140; complete counts, 269; cultures, 7; sugar estimations, 135; urea estimations, 60; Van den Bergh's test, 3. Faeces: bacteriological, 410; for T.B., 326; occult blood, 90; ova and worms, 36. Sputum: bacteriological examinations, 165. Urine: Routine, 1,895; cultures, 32; sugar and acetone, 1,007; for T.B., 10; ova, 4; chlorides, haematoporphyrin, 2. C.s.f., 15. Miscellaneous: Fractional test meals, 14; scrapings from skin, nails and hair, 76; sedimentation rates, 93; throat swabs, 12; post-mortem tissue for culture, 3; pus-microscopic examinations, 46; eye swabs, 2; urethral and vaginal swabs, 6; blood groupings, 4; pleural fluids for culture, 8; total and split fat estimations, 3; blood bromides, 2; urea clearance test, 10. Post-mortem and operation sections, cut and examined, 45; Post-mortem examinations, 75.

Treatment by Benzedrine Sulphate. By Dr. W. A. CALDWELL, M.R.C.P., D.P.M.

Investigation is being carried out on the treatment by benzedrine sulphate of "vagatonic" types of schizophrenia, cases of depressed and psycho-neurotics with a low blood pressure. Findings seem to indicate that the drug has no curative value but is purely stimulatory in that it aggravates the activity of symptoms. Two stuporose schizophrenics emerged from this state within 10 days of the exhibition of the drug, but manifested the usual manneristic impulsive and uncontrolled behaviour of the acute catatonic. Depressed and anxiety states become more apprehensive and have a feeling of tension which makes them restless, and they complain of an increase in the number and severity of their symptoms. Dosage must be varied for each individual, if given after midday it interferes with sleep, and it was found that the best periods for its exhibition were one or two tablets before breakfast and one before the midday dinner. Blood pressure was not markedly influenced and returned to the usual readings within twelve hours of the last dosage.

XIX.—FROM THE WEST PARK (LONDON COUNTY) HOSPITAL, EPSOM.

General Report.—By Dr. N. ROBERTS, O.B.E., D.P.M., Medical Superintendent.

Routine Laboratory Work.

Below is given a summary of the routine laboratory work carried out at this hospital during the year :—

Urine : General tests, 434; examination of deposits, 376; sugar estimations, 75; examination of smears, 16; for T.B., 2; cultures for catheter specimens, 10; urea estimation, 9. Sputum : general examinations, 46; for T.B., 85; cultures, 2. Blood : complete counts, 114; differential counts, 119; leucocyte counts; 5; estimation of urea, 5; cultures, 3; films for malaria, 8; Widal reactions, 2; Van den Bergh reactions, 1; estimation of fasting sugar, 2; sugar tolerance curves, 1; reticulocyte counts, 6; reds and Hb. only, 8; reds and whites only, 5; whites only, 5. Faeces : cultures, 50; sugar broth cultures, 33; occult blood, 9; foreign bodies, 10; examination for parasites, 1. Throat swabs : swabs, 14; cultures, 14. Various swabs, 20; cultures, 10. Skin scrapings : for fungi, 74; cultures, 5; examination of hairs, 54. Test meals : fractional, 6; fasting, 10; examination of vomitus, 4. Puncture fluids, 4. Cultures from p.m. organs, 3; Post-mortem examinations, 63 (70 per cent. of deaths).

This year the technique and nomenclature of blood investigation has been revised in accordance with recent advances in this subject. A considerable number of cases of anaemia have been discovered, particularly in the female wards, the cause of which is being investigated.

This year it is the female side which shows the largest number of cases of chronic epidermophytosis. The individual marking of the affected patients' clothing after isolation has finished has resulted in a diminution of cases.

Publications.

"Mental Disorders associated with Child Bearing." By J. S. HARRIS, M.D., M.R.C.P., D.P.M. (*B.M.J.* April 25th 1936.)

"Anorexia Nervosa treated by Hypnosis." By C. R. BIRNIE, M.D., M.R.C.P., D.P.M.

Conclusion.—A case of anorexia nervosa which shows the value of hypnosis in the treatment of this disorder." (*Lancet*, December 5th 1936, p. 1331.)

XX.—FROM THE CENTRAL PATHOLOGICAL LABORATORY OF THE LONDON COUNTY MENTAL HOSPITALS.

Report on Routine and Research Work. By Dr. F. L. GOLLA, F.R.C.P., Pathologist to the London County Mental Hospitals and Director of the Central Pathological Laboratory.

Central Pathological Laboratory.

During the past year the central laboratory has been involved in extensive structural alterations, necessary to enable the laboratory to take over accommodation left vacant by the enlargement of the Maudsley Hospital. These building operations are still in progress and have naturally made working conditions at times very difficult. It is hoped that by next October the laboratory will have begun to function at its full capacity.

Routine Work.

During the year the following examinations were made and reports furnished :—Special histological reports, 160. Special investigations for all institutions, 1,507. Routine investigations and special investigations for the Maudsley Hospital, 3,301. Wassermann reactions for all mental hospitals, transferred institutions and mental wards of London County Council general hospitals—sera, 5,628, cerebro-spinal fluid, 881.

The total number of routine investigations made was 11,477.

Research Workers.

During the past year 3 holders of Rockefeller research scholarships have been appointed to work at the central pathological laboratory. These are Drs. Meyer and Beck who were both previously working at the laboratory and receiving a grant from the Rockefeller Fund and Mr. Grey Walter who has been doing research work in physiology at Cambridge.

Dr. Brazier has held a Commonwealth research fellowship for 3 years and though the fellowship has now lapsed she is continuing to work at the laboratory.

The Maudsley Research Fellow, Dr. T. F. Dixon, resigned his post in December and was succeeded by Dr. Yates from the Mental Hospital Research Unit at Cardiff. Grants from the Maudsley Research Fund were made to two workers in the laboratory, Dr. F. M. Grant and Professor Peters, late professor of psychology at Jena.

Drs. Mayer-Gross and Guttmann, holders of the Rockefeller fellowships at the Maudsley Hospital, and Dr. Peoples, holding a Commonwealth fellowship, have made use of the laboratory for research.

Mr. A. Tingey has continued to work at the laboratory as a whole time voluntary worker.

Dr. Nevin, holder of the Pinsent-Darwin research scholarship has attended as a part time worker.

Dr. Fleischhacker holding a grant from the Academic Council has attended as a whole time worker. The laboratory has also afforded facilities to Mr. Vernon whilst holding the Pinsent-Darwin scholarship.

Educational Work.

London County Council Medical Officers.—Five medical officers were seconded from London County mental hospitals for training during 1935, Drs. Walsh, Murray, Allen, Marshall and Wilson, and in the spring of 1936 Drs. Berrington and Shaw.

Laboratory Assistants.—The training of laboratory assistants continues to form an important part of the activities of the laboratory. Six laboratory assistants were seconded for training during 1935 and a further 6 London County Council employees together with an assistant from the Devon County mental hospital commenced their training in 1936.

Diploma in Psychological Medicine.

The usual course for the Diploma in Psychological Medicine was held during 1936. Certain changes were made in the teaching staff.

The death of Dr. Shrubsall deprived the school of a valued lecturer who had given instruction in mental deficiency since the start of the medical school. Dr. Tredgold undertook the lectures dealing with mental deficiency and Dr. C. J. C. Earl those dealing with intelligence testing. Dr. Kinnier Wilson took the class in neurology at Queen Square. Dr. Vernon resigned his post as lecturer on psychology, and Mr. J. M. Blackburn undertook the entire course of academic psychology whilst Dr. Devine has confined his lectures to applied psychology.

The course was attended by 32 students. A new feature in this year's course was the attendance of students for special lecture demonstrations at various mental hospitals. They were thus brought into contact with cases and administrative problems that could not be dealt with at the Maudsley Hospital.

Refresher Course.

The Royal Medico-Psychological Association initiated a fortnight's course for medical officers of mental hospitals from all over the country and the scheme received the approval and support of the Board of Control. By permission of the London County Council the first of these courses was held

at the central laboratory in 1935. The organization of this course was undertaken by the staff of the laboratory. Most of the lectures and demonstrations were given by members of the staff of the London County mental hospitals. The course was well attended.

General Paralysis Clinic.

The clinic for discharge G.P.I. patients continued to grow. Its utility in the early treatment of relapses has been amply proved.

The Laboratories of the Mental Hospitals.

These laboratories have all been visited and kept up to the standard equipment recognized on their initiation.

A new fully-equipped laboratory has been established at the Darenth training colony.

A conference of medical superintendents, together with the director of the central laboratory, agreed on certain recommendations to the London County Council for the improvement of the laboratory assistants' service. These recommendations have been adopted and the majority of the mental hospitals now possess a second laboratory assistant.

The arrangement by which orders for chemicals and instruments, etc., are in the first instance sent to the central laboratory has been found to work smoothly and to effect notable economies.

Research Work.

The research work pursued both at the central laboratory and at the laboratories of the various mental hospitals cannot always be sharply differentiated from clinical researches conducted in the wards. In preparing this report the former practice of mentioning only work done in a laboratory has been abandoned and, though most of the work has had some connection with laboratory investigations, certain researches have been entirely free from such aids.

The work still continues to be patchy in its distribution. In certain institutions there is a spirit of enquiry among the medical staff that is lacking in others with equally good facilities for investigation.

The research work undertaken by the staff of the central laboratory and the mental hospitals may be reported under several headings which convey the general character of the investigations.

Immunology.—Enteric fever both in point of frequency and virulence is no longer a factor of great importance in mental hospital hygiene. It has never, however, been eliminated from the majority of mental hospitals and the presence of a number of carriers in such institutions constitutes an ever present menace.

In conjunction with Dr. Felix of the Lister Institute the possibility of protection of the mental hospital population by administration of oral vaccines has been investigated. A number of patients were treated at Horton by an oral vaccine prepared by Dr. Felix. The research was supervised by Dr. Nicol aided by Dr. Hutton. The results of these investigations do not, unfortunately, give any reason to hope for the ultimate success in immunization by the method of oral vaccination.

At West Park some interesting investigations on the relation between the intensity of the agglutinations of oral and subcutaneous inoculations of typhoid vaccine were made by Dr. Birnie. Much work has been done at Claybury on the detection of typhoid carriers by Dr. Murray with the co-operation of the central laboratory.

Dysentery.—Dr. Paddle at Caterham has continued his work on dysenteric vaccination and his results are very encouraging.

Dr. Bell at Cane Hill has also investigated anti-dysenteric vaccination as a prophylactic measure in cases of severe diarrhoea.

Syphilis and the Nervous System.—Dr. Beck at the central laboratory has conducted an enquiry into the possibility of evoking spirochaetocidal substances by pyrexial and other forms of treatment of general paralytics. He has received much help from Dr. Nicol and Dr. Hutton of Horton. The results of his investigations are in process of publication. The funds for this very expensive research were provided by a special grant from the Rockefeller foundation.

General Pathology.—Dr. Paterson, a former holder of the Commonwealth research fellowship, has published observations made at Colney Hatch on the respiratory rhythm of normal and psychotic subjects and Dr. Wittkower, working with a grant from the Academic council at Cane Hill, has covered much the same field. Both these workers confirm the observations on respiratory types originally made at the central laboratory.

The selective vulnerability of the nervous system to various poisons and anaesthetics continues to be investigated by Dr. Meyer at the central laboratory. During the earlier part of the year he worked in conjunction with Dr. Dixon and, since his resignation, with his successor, Dr. Yates. The work is of the highest psychiatric importance and will probably extend over some years. A paper by Dr. Meyer embodying some of his latest results is in process of publication.

Chemical Pathology.—Dr. Dixon has published the work reported previously on the distribution of bromine in the tissues.

Mr. Tingey who has held a grant from the Medical Research Council has co-operated with Dr. Hardwick whilst the latter was at Claybury and investigated the serum calcium, sodium and potassium values in certain psychoses. His results have been published.

Dr. Anderson, while working at the Maudsley Hospital, published some observations on the variations in the blood sugar content in a case of depression with diabetes.

Dr. Ashby, working at Leavesden, terminated his research on the chemistry of the brain in mental defectives.

Dr. Yates has been investigating the carbohydrate metabolism of various portions of the nervous system. The method used promises to add much to our knowledge by permitting the investigation of the metabolic activity of isolated nervous mechanisms.

Dr. Shaw at Claybury has initiated a research on the phosphorous content of cerebrospinal fluid in the psychoses.

Dr. Marshall is investigating some points in the bio-chemistry of manic-depressive psychoses.

Dr. Wilson of Darent has begun an investigation of the bromine metabolism of epileptics.

Dr. Berrington of West Park proposes to investigate the creatine metabolism of cases of dementia praecox.

Pathogenesis of Dementia Praecox.—Dr. Beck has terminated his research on the relation of tuberculosis to schizophrenia. This research was conducted in co-operation with Dr. Ogden at Cane Hill and Dr. Whelan at Horton. The results which have been published should finally dispose of any attempt to claim a tuberculous pathogenesis for dementia praecox. A further investigation by the same team of workers failed to support the views advanced elsewhere on the existence of a relation between catatonia infection with bacillus coli. These results also have been published.

The Circulatory System.—Drs. Bell and Butler of Cane Hill investigated the total blood volume in epileptic patients before and after fits. They found no evidence that any significant variation in the blood volume occurs.

At Hanwell Dr. Rees worked on the relation of the anaemias to psychoses. His investigations are continuing.

At Claybury Dr. Sands has conducted an enquiry into the effects of injection of various drugs influencing the vegetative system on the blood sugar level in various forms in insanity.

Dr. Walsh at Claybury has recorded variations in the Arneth count in cases of schizophrenia.

At Leavesden Dr. Watkins has undertaken the study of the sedimentation rate of blood occurring in tuberculous and other selected patients.

Endocrinology.—Dr. Brazier continued her work on the thyroid factor as measured by the impedance angle. She is collaborating with Dr. Grant who is checking her results by estimation of the basal metabolism. Some experiments were also initiated to study the effect of radio-active water on thyroid metabolism.

At Tooting Bec the staff investigated the action of specimens of the male hormone on cases of senile insanity. The specimens of male hormone were submitted by the Medical Research Council. Parallel observations on the creatinine excretion were made at the central laboratory. No evidence could be obtained of any physiological action in the specimens supplied.

Therapeutics.—Dr. Peoples and Dr. Guttmann of the Maudsley Hospital studied the pharmacology of a new preparation known as benzedrine. The stimulating action of this drug on cortical activity has attracted much attention.

Dr. Tennent of the Maudsley Hospital has published his observations on the treatment of cases of congenital general paralysis. His results were discussed at a meeting of the neurological section of the Royal Society of Medicine.

Dr. Paddle of Caterham has investigated the use of orarsan in the treatment of congenital syphilis.

Dr. Switzer continues his observations at West Park on the sulfosin therapy of general paralysis.

Dr. Peters at Claybury has continued his treatment of cases of schizophrenia by forced respiration with considerable success.

Dr. Young at Bexley has endeavoured to influence the emotional disturbance of cases of manic depressive psychoses by treatment with acetyl choline.

Dr. Cooper at West Park has investigated the action of quinine salts on the Wassermann reaction.

Dr. Russell at Hanwell has made some observations on the therapeutic value of Somnifaine in the psychoses.

At the Fountain hospital Drs. Cook and Jackson have tried to estimate the protective action of vitamin administration to Mongoloid children.

Dr. Kennedy at West Park is investigating the results of intensive glucose insulin therapy in states of exhaustion.

Dr. Sands at Claybury is testing the relative efficiency of prominal and other drugs in epilepsy.

Pathological Anatomy.—At Colney Hatch Dr. Brander continued his researches on the pathological anatomy of the pituitary gland.

Dr. Meyer and Dr. Tennant have published their account of the pathological anatomy of a case of Schilder's disease.

Dr. Cook of Bexley has published together with Dr. Meyer an account of intraventricular spongioblastoma in a case of tuberous sclerosis.

Mental Deficiency.—At Leavesden Dr. Stewart has made a detailed examination of the pathological anatomy of a case of gargoylism. The laboratory staff have made a special examination of 2,639 specimens of urine for phenylpyruvic acid, a substance whose presence in the urine is associated with mental abnormality.

Drs. Stewart and Ashby have published part 3 of their observations on the brain of the mental defective.

Dr. Earl of Caterham has continued his investigations into the temperamental and personality factors in high grade mental defectives.

The work done at the Fountain has been considered under another section.

Physiology of the Nervous System.—The director in conjunction with Dr. Graham has studied the electrical rhythmic discharge of the human cerebrum. Several interesting qualitative differences have been elicited.

Mr. Grey Walter has employed the same method of investigation on patients suffering from epilepsy and cerebral tumours. His results promise a new method for location of cerebral tumours.

Dr. Fleischhacker has been investigating various points connected with insufficiency of liver functions.

Dr. Butler at Cane hill has made some observations on cerebrospinal pressure under anaesthetics.

Dr. Peters working at the central laboratory and at Cane Hill has made some interesting observations on the time pattern of voluntary movements.

Drs. Mayer-Gross and Guttmann have been investigating the spatial factor in its relation to the performance of and initiation of movement.

Statistical Enquiries.—Dr. Slater has been seconded for a statistical enquiry under the auspices of the Medical Research Council on manic depressive psychosis and is availing himself of the facilities offered by the central laboratory.

At Ewell Drs. Wootton and Armstrong have conducted an enquiry into the after history of patients discharged from the hospital.

At the Maudsley Dr. Minski analysed the after history of patients discharged against advice and Dr. Neustatter published work on the results of 50 cases treated by psychotherapy.

Dr. Mann has made an extensive statistical enquiry on questions relating to the general paralytics treated in the London County mental hospitals during the past five years.

Clinical Observations.—At the Maudsley Dr. Minski published work on non-alcoholic polyneuritis, Dr. Guttmann on cases of congenital arithmetic disability and Dr. Mayer-Gross on depersonalization and on apraxia. Dr. Lewis published work on manic depressive insanity and on monozygous twins, Dr. Barbour on chronic cicatrizing enteritis and Dr. Neustatter on problems of psychotherapy. Other papers published from the Maudsley included studies on mescaline intoxication by Dr. Guttmann and on investigations of personality by Dr. Vernon and papers on the Rorschach test by Dr. Vernon, on schizophrenic thought disorder by Dr. Zucker and on obsessional neuroses by Dr. Lewis.

Dr. Harris at West Park wrote on mental disorder associated with child bearing.

Publications.

"The Nervous System and the Organic Whole." The Presidential Address to the Neurology Section of the Royal Society of Medicine. By F. L. GOLLA, M.B., F.R.C.P. (*The Proceedings of the Royal Society of Medicine*, 1935, Vol. 29.)

"The Respiratory Rhythm in Normal and Psychotic Subjects." By A. S. PATERSON, F.R.C.P.Ed. (*The Journal of Neurology and Psychopathology*, 1935, Vol. 16.)

"Recent Work on the Rorschach Test." By P. E. VERNON, M.A., PH.D. (*The Journal of Mental Science*, 1935, Vol. 81.)

"The Significance of the Rorschach Test." By P. E. VERNON, M.A., PH.D. (*The British Journal of Medical Psychology*, 1935, Vol. 15.)

"Chorea and Psychosis." By A. LEWIS, M.D. Adelaide, M.R.C.P., and L. MINSKI, M.D., M.R.C.P., D.P.M. (*The Lancet*, 1935, I.)

"Some Clinical Aspects of General Paralysis." By W. D. NICOL, M.B., M.R.C.P., D.P.M., and E. L. HUTTON, M.B., B.S., D.P.M. (*The Journal of Mental Science*, 1935, Vol. 81.)

"Chorea, Tics and Compulsive Utterances." By M. CREAK, M.D., M.R.C.P., D.P.M., and E. GUTTMANN, M.D. Munich. (*The Journal of Mental Science*, 1935, Vol. 81.)

"The Agglutinations of B. Coli by the Serum of Psychotics, especially of Schizophrenics." By A. BECK, M.D., W. OGDEN, M.R.C.S., L.R.C.P., D.P.M., and M. WHELEN, M.B., B.S., D.P.M. (*The Journal of Mental Science*, 1935, Vol. 81.)

"Experimental Studies on the Connection of Schizophrenia and Tuberculosis." By A. BECK, M.D., W. OGDEN, M.R.C.S., L.R.C.P., D.P.M., and M. WHELEN, M.B., B.S., D.P.M. (*The Journal of Mental Science*, 1935, Vol. 81.)

"Unusual Size of Intraventricular Spongioblastoma in a Case of Tuberos Sclerosis." By L. C. COOK, M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.M., and ALFRED MEYER, M.D.Bonn. (*The Journal of Neurology and Psychopathology*, 1935, Vol. 15.)

"An atypical Form of Tuberos Sclerosis." By R. M. STEWART, M.D., F.R.C.P., D.P.M. (*The British Medical Journal*, 1935, II.)

"Mental Defects from the Neurological and Psychiatric Standpoints." By R. M. STEWART, M.D., F.R.C.P., D.P.M. (*The Proceedings of the Royal Society of Medicine*, 1935, Vol. 28.)

"The Brain of the Mental Defective (Part III). The width of the Convolutions in the Normal and Defective Person." By R. M. STEWART, M.D., F.R.C.P., D.P.M., and W. F. ASHBY, M.A., M.D., D.P.M. (*The Journal of Neurology and Psychopathology*, Vol. 16.)

"The Chemistry of the Brain in the Mental Defective." By W. F. ASHBY, M.A., M.D., D.P.M., and ADA GLYNN, B.Sc. (*The Journal of Neurology and Psychopathology*, 1935, Vol. 15.)

"Variations in Blood Sugar in a Case of Depression with Diabetes Mellitus." By E. W. ANDERSON, M.D., M.R.C.P. (*The Journal of Mental Science*, 1935, Vol. 81.)

"Bromine in the Tissues." By T. F. DIXON, Ph.D., B.Sc., A.I.C. (*The Biochemical Journal*, 1935, Vol. 29.)

"Serum Calcium and Sodium in some Psychotic Disorders." By A. H. TINGEY, M.A., and S. W. HARDWICK, M.D., M.R.C.P., D.P.H.

"Neurosis and Unemployment." By A. J. LEWIS, M.D. Adelaide, M.R.C.P. (*The Lancet*, 1935, II.)

"An Investigation into the After-Histories of Discharged Mental Patients." By L. H. WOOTTON, M.B., B.S., B.Sc., D.P.M., and R. W. ARMSTRONG, M.D. Belf., B.Sc. Belf., D.P.M. (*The Journal of Mental Science*, 1935, Vol. 81.)

"An Investigation into the After-History of 90 Patients Discharged from a Mental Hospital against Advice." By L. MINSKI, M.D., M.R.C.P. (*The Journal of Mental Science*, 1935, Vol. 81.)

"Some Observations on Apraxia." By W. MAYER-GROSS, M.D. (*The Proceedings of the Royal Society of Medicine*, 1935, Vol. 28.)

"On Depersonalization." By W. MAYER-GROSS, M.D. (*The British Journal of Medical Psychology*, 1935, Vol. 15.)

"A Study of the Changes in Function Found in Schizophrenic Thought Disorder." By KONRAD ZUCKER, M.D., Göttingen, and W. H. de B. HUBERT, M.R.C.S., L.R.C.P. (*The Journal of Mental Science*, 1935, Vol. 81.)

"The Results of Fifty Cases Treated by Psychotherapy." By W. L. NEUSTATTER, B.Sc., M.B., M.R.C.P. (*The Lancet*, 1935, I.)

"The Incidence of Mental Disorder." By E. SLATER, M.B., M.R.C.P., D.P.M. (*Annals of Eugenics*, 1935, Vol. 6.)

"Sonnen Dysentery in a Mental Hospital." By J. J. LAWS, M.R.C.S., L.R.C.P., D.P.M. (*The Lancet*, 1936, I.)

"Chronic Cicatrising Enteritis." By R. F. BARBOUR, M.A. Camb., M.D. Edin., M.R.C.P., and A. B. STOKES, B.M. Oxon., M.R.C.P. (*The Lancet*, 1936, I.)

"Problems of Obsessional Illness." By A. J. LEWIS, M.D. Adelaide, M.R.C.P. (*The Proceedings of the Royal Society of Medicine*, 1936, Vol. 29.)

"The Affective-Instinctive Psychology of Imbecile Children." By C. J. C. EARL, F.R.C.P.I., D.P.M. (*The British Journal of Medical Psychology*, 1936, Vol. 15.)

"Mental Disorder Associated with Child-Bearing." By J. S. HARRIS, M.D.Ed., M.R.C.P.Lond., D.P.M. (*The British Medical Journal*, 1936, I.)

"Familial Schilder's Disease." By ALFRED MEYER, M.D.Bonn, and T. TENNENT, M.D.Glas., M.R.C.P.Lond., D.P.M. (*Brain*, 1936, Vol. 59.)

"The Matching Method applied to Investigations of Personality" By P. E. VERNON. (*The Psychological Bulletin*, 1936, Vol. 33.)

"Some Methods and Problems of Psychotherapy." By W. L. NEUSTATTER, M.B., B.S., B.Sc., M.R.C.P. (*The Journal of Mental Science*, 1936, Vol. 82.)

"The Time Pattern of Voluntary Movements." By W. PETERS and A. A. WENBORNE. (*The British Journal of Psychology*, 1936, Vols. 26 and 27.)

"Mescaline and Depersonalization." By E. GUTTMANN, M.D.Munich, and W. S. MACLAY, M.D., D.P.M. (*The Journal of Neurology and Psychopathology*, 1936, Vol. 16.)

"Studies of the Human Pituitary in Health and Disease." By JOHN BRANDER, M.D. (*The Proceedings of the Royal Society of Medicine*, 1936, Vol. 29.)

"Non-Alcoholic Polyneuritis Associated with Korsakow Syndrome." By L. MINSKI, M.D., M.R.C.P. (*The Journal of Neurology and Psychopathology*, 1936, Vol. 16.)

"Hypertension produced with Benzedrine." By S. A. PEOPLES, M.D., and E. GUTTMANN, M.D.Munich. (*The Lancet*, 1936, I.)

"The Diagnosis and Treatment of Juvenile General Paralysis." By T. TENNENT, M.D.Glas., M.R.C.P.Lond., D.P.M. (*The Proceedings of the Royal Society of Medicine*, 1936, Vol. 29.)

"Treatment of Myasthenia Gravis." By L. MINSKI, M.D., M.R.C.P., and A. B. STOKES, B.M.Oxon., M.R.C.P. (*The British Medical Journal*, 1936, I.)

"The Effect of Sodium Evipan on the Cerebro-Spinal Fluid Pressure." By E. N. BUTLER, M.R.C.S., L.R.C.P., D.P.M. (*The Journal of Mental Science*, 1936, Vol. 82.)

"Congenital Arithmetic Disability and Acalculia (Henschen)." By E. GUTTMANN, M.D.Munich. (*The British Journal of Medical Psychology*, 1936, Vol. 16.)

"The Inheritance of Manic-Depressive Insanity." By ELIOT SLATER, M.B., M.R.C.P., D.P.M. (*The Proceedings of the Royal Society of Medicine*, 1936, Vol. 29.)

"A Note on the Potential Use of Temporary Treatment." By J. K. MARSHALL, B.M., B.Ch.Oxon., D.P.M. (*The Journal of Mental Science*, 1936, Vol. 82.)

"A Case of Copgrass Syndrome in the Male." By J. R. MURRAY, M.D., D.P.M. (*The Journal of Mental Science*, 1936, Vol. 82.)

"Apparent Dissimilarity in Monosygous Twins." By A. J. LEWIS. (*Annals of Eugenics*.)

"Artificial Psychoses produced by Mescaline." By E. GUTTMANN. (*The Journal of Mental Science*.)

"The Problem of General as against Focal Symptoms in Cerebral Symptoms." By E. GUTTMANN. (*The Journal of Mental Science*.)

"The Selective Regional Vulnerability of the Brain and its Relation to Psychiatric Problems." By ALFRED MEYER. (*The Proceedings of the Royal Society of Medicine*.)

"Investigations on the Problem of Immunity against *Spirochoeta pallida* in General Paralytics treated with Malaria." By A. BECK. (*The Journal of Mental Science*.)

XXI.—FROM THE THREE COUNTIES MENTAL HOSPITAL, ARLESEY, BEDS.
General Report.—By Dr. N. McDIARMID, D.P.M., Medical Superintendent.

Laboratory Work.

The following is a summary of the work carried out in this department during the year :—

Urine : general and chemical examinations, 1,375; bacteriology, 462. Blood : Widal reaction, 1,830; Wassermann reaction, 261; Kahn reaction, 255; Meinicke reaction, 47; bacteriology, 16; bleeding time, 1; bromide estimation, 40; calcium estimation, 1; coagulation rate, 1; cholesterol estimation, 10; complement fixation test, 91; enumeration of cells, 123; haemagglutination, 11; inorganic phosphate estimation, 1; parasitology, 43; sedimentation rate, 13; sugar estimation, 27; urea estimation, 9. C.s.f. : Chemical examination, 48; cytological, 24; Kahn reaction, 6; Meinicke reaction, 6; Wassermann reaction, 26; Faeces : bacteriology, 465. Aural, nasal and throat swabs, 38; Hairs : scales, etc., for parasitology, 22. Pus, pleural fluids, etc., 65. Sputum : bacteriology, 56. Water : bacteriology, 4. Gastric contents, 1. Milk : Bacteriology, 5. Sewage effluent : Bacteriology, 1. Histological sections, 18. Museum specimens, 10. Vaccines, 36. Animal inoculations, 13. Post-mortem examinations, 51 (60·7 per cent. of deaths).

X-ray Department.

X-ray examinations were made in the case of female patients 73, male patients 61, others 46; total 180. Total number of films taken 248.

Included among these were skiagrams of :—chest 39; gall-bladder 5; barium enemata 3; barium meals 1.

Dental Surgeon.

The dental surgeon visits the hospital twice a week. 820 visits were made by patients during the year. Pyorrhoea was frequently found among the new admissions, especially in the older patients. Of the new admissions, excluding private patients, not more than 5 per cent. had had conservation treatment before. For these reasons the proportion of extractions to fillings was about 8 to 1.

Consulting Medical Staff.

The visiting medical staff, consisting of a surgeon, physician, ophthalmic surgeon, and ear, nose and throat surgeon, have visited regularly during the year.

Treatment of General Paresis.

All cases of general paresis are now treated with malaria and tryparsamide.

Prolonged Narcosis.

Our experience of Somnifaine narcosis tends to show that the treatment is most useful in the depressed form of manic-depressive psychosis.

Dysentery and Colitis.

There have been no cases of dysentery or colitis during the year.

Typhoid Fever.

In April, 4 female patients developed typhoid fever and in each case *B. typhosus* was demonstrated in the stools and urine. These patients were immediately transferred to the isolation hospital, and the source of the outbreak was traced to an unsuspected carrier.

An investigation into the Widal reaction of every patient on the female side (565) was undertaken. Ninety-seven gave agglutinations varying from $\frac{1}{1280}$ to $\frac{1}{81,920}$ with the H. B. typhosus antigen, but with O. antigen proved negative. These findings were also confirmed by an independent laboratory.

Practically all the patients on the female side had received prophylactic inoculations of T.A.B. vaccine as late as May 1934, but the high titre of $\frac{1}{1280}$ and over was naturally regarded with suspicion, and therefore these 97 patients were segregated and repeated examinations of urine and faeces were carried out but with negative results in every case and no patient showed any clinical signs of typhoid, such as pyrexia, increased pulse rate, coated tongue, epistaxis, diarrhoea, abdominal distention, enlargement of spleen or rash.

Repeated Widal reactions on each of these patients were made for three months. In the great majority of cases the titre was observed to fall to half, in periods varying from 7 to 10 days (which by many is considered to be consistent with recovery from the actual disease) eventually reaching $\frac{1}{1280}$ or below.

Ninety seven cases of typhoid fever, however slight, could not have occurred without some suggestive symptoms. Because of the absence of clinical signs and the fact that in no case was the organism detected in the urine or faeces, the most reasonable hypothesis seems to be that our findings were due to the prophylactic inoculation in 1934, and that the resting level had not yet been reached. It is unusual to find such a high degree of immunity after two years. That our conclusions were correct is supported by the fact that for several months these 97 patients have mixed freely with the other patients with no untoward results.

Out-Patient Centres.

During the year another out-patient centre was established at the Bedford County Hospital. The number of patients attending the out-patient centres during the year was 132, and the total number of attendances 258. Of these patients 20 entered the hospital as voluntary patients.

Publication.

"Decompositions of Barbiturate Solutions by Heat." By A. E. BAILEY, M.P.S., D.B.A., F.C.S. (*Pharmaceutical Journal*, Volume I, 1936. Page 620.)

This was the report of an investigation into the effects of heat sterilization on various soluble compounds of the barbiturates. It was found that these solutions are decomposed on heating, the degree of decomposition varying according to the particular barbiturate and the temperature used. A general rule was formulated, viz. that the soluble monosodium derivatives of the barbiturates are hydrolysed by heat, with the formation of the corresponding di-substituted acetylurea, which is precipitated, e.g. sodium barbitone is hydrolysed to insoluble diethylacetylurea, $(C_2H_5)_2 \cdot CO \cdot NH \cdot CO \cdot NH_2$, and carbondioxide.

Excess of alkali used in the preparation of the soluble salt tends to accelerate this hydrolysis.

A recommendation was made that soluble derivatives should be prepared with only 95 per cent. of the theoretical amount of sodium hydroxide, and the solutions sterilized by Tyndallization and/or suitable filtration.

The soluble diethylamide salts are recommended for use in solution, as being less liable to hydrolysis.

This paper was abstracted for reference in the *Extra Pharmacopoeia*, 21st Edn. pp. 257.

XXII.—FROM THE JOINT COUNTIES MENTAL HOSPITAL, CARMARTHEN.

Laboratory Report.—Communicated by the Medical Superintendent.

The following is a summary of the work carried out during the year :—

(*Laboratory Assistant.*—Mr. E. Long.)

Urine : routine and special tests, 628. Blood : total counts, 321; microscopical, 152; malarial parasites, 55; haemoglobin estimations, 166; sugar estimations, 14; urea estimations, 15; Van Slyke urea clearance tests, 11; blood grouping, 60; Kahn precipitation tests, 187; Widal reactions, 1,303; other tests, 74. C.s.f. : globulin and protein reactions, 23; cell counts, 13; sugar estimations, 12; Lange's colloidal gold tests, 8; other tests, 23. Bacteriological : sputum, 15; faeces, 1,332; urine, 52; pus, 52; throat swabs, 118. Water analysis : total tests, 117. Milk analysis : total tests, 21. Fractional test meals, 63. Tissue for section, 5. Miscellaneous tests, 151. Post-mortems, 32.

XXIII.—FROM THE CHESHIRE COUNTY MENTAL HOSPITAL, CHESTER.

Laboratory Report.—Communicated by the Medical Superintendent

The following is a summary of the routine laboratory work carried out during the year :—

Urine examinations, 980; Wassermann tests, 293; examinations of swabs, 552; faeces, 84; sputum, 36; blood counts, 187; blood sugar estimations, 16; pus examinations, 17; blood urea estimations, 4; examinations of vomit, 6; reticular cell counts, 61; Widal test, 1; examinations of blood for malarial parasites, 291; samples of milk analysed, 68; miscellaneous (pleural fluid, ringworm, scales, etc.), 51.

In 15 cases autogenous vaccines have been prepared.

XXIV.—FROM THE CHESHIRE COUNTY MENTAL HOSPITAL, MACCLESFIELD.

Report on Laboratory Investigations.—By Dr. H. STAFFORD, D.P.M.

The total number of investigations carried out in the Pathological Laboratory during the year was 3,688; these are summarised below :—

Routine urine examinations, 2,187. Bacteriological examinations : urine, 170; faeces, 488; sputum, 51; pus, exudates, etc., 67. Preparation of autogenous vaccines, 3. Full blood counts, 14. Examinations of c.s.f., 13; blood films, 14. Chemical examinations of blood, 7. Tissue sections for microscopical examination, 103. Agglutination reactions of blood serum, 393. Wassermann reactions of blood and c.s.f.), 178.

Typhoid Fever.—Following the outbreak of typhoid fever at the end of 1935 a continuous search for carriers among the patients and staff in the affected wards has been carried out, repeated cultural examinations of faeces and urine being made. No organism of the enteric group has been isolated from any of these specimens. Examination of the ward water supplies has always shown them to be of satisfactory bacteriological standard. A striking feature of the findings has been the frequency with which *B. Morgani* has been isolated from these excreta; of the 404 stools examined for this purpose *Morgan's bacillus* was found in 37. Of other abnormal bacteria encountered, *B. alkaligenes* has been the commonest; this organism was obtained from 12 of these stools; various late lactose fermenters have been isolated from 8 specimens, *Ps. pyocyanea* from 5, various unclassified non-lactose fermenters from 4, *Proteus vulgaris* from 3, and *B. alkalescens* from 2. *B. Morgani* has also been found fairly often in the cultures from the urines—in 9 of the 151 specimens examined; *B. alkaligenes*, *Ps. pyocyanea* and a late fermenter of lactose were each isolated once from the urines.

Dysentery.—Three cases of dysentery occurred in one female ward in February; the early stools from these were typically dysenteric in character, blood and mucus content being obvious to the naked eye; the causative

organism was readily isolated in each case, and proved to be *B. dysenteriae* Flexner. Another mild case due to the same organism occurred in September in a male patient who had suffered from a previous attack in 1930. Other cases of diarrhoea were infrequent, and in none of these did the stools show any gross content of blood and mucus; the cultural findings in these cases were negative, with a few exceptions in which such organisms as *B. Morgani*, *B. alkaligene* and *P. vulgaris* have been isolated, and in fairly frequent specimens an overgrowth of streptococci developed.

Enteric Fever.—A nurse developed enteric fever (*B. typhosus*) in April, the bacteriological diagnosis being readily arrived at by blood culture in the early stages of the illness. In October a male patient who works in the laboratory as a cleaner developed an illness clinically suggestive of enteric fever; the agglutination titre of his serum for *B. typhosus* "H" was found to be 1 in 80, and it did not rise above this; very numerous cultural examinations were all negative.

Tuberculosis.—Three cases of infection by the tubercle bacillus were freshly notified during the year; two of these were new admissions found to be suffering from pulmonary tuberculosis, one of these being only diagnosed by examination of the faeces. The third was only diagnosed at necropsy; an old man who had been a patient in the hospital for many years, and who had been a very useful farm worker during most of this time, died after a short acute illness, and was found to have tuberculous lesions in both adrenal glands, with tubercles scattered over the whole surface of the peritoneum and on a small area of the left pleura.

During the year there were only a small number of acute pyogenic urinary infection; some common variety of *B. coli* was the responsible agent in most of these; two cases showed pure cultures of *B. Morgani*, and one repeatedly gave a growth of an unnamed non-lactose fermenting bacillus.

The sera of 116 new admissions were examined for agglutination of *Bac. typhosus*, *Bac. paratyphosus* B., and *Bac. dysenteriae* Flexner Y. The dysentery bacillus was agglutinated in dilutions of 1 in 80 or higher in 6 hours at 55° C. by 24.1 per cent. *Bac. typhosus* and *Bac. paratyphosus* B. were both agglutinated in dilutions of 1 in 40 or higher in 2 hours at 55° C. by 16.4 per cent.; *B. typhosus only* by 4.3 per cent.; and *Bac. paratyphosus* B. only by 0.9 per cent.

Of the new admissions during the year 8 male and 6 female patients were found to have positive Wassermann reactions in the blood serum—10.67 per cent. of the total male, and 4.76 per cent. of the total female admissions. The corresponding figures for 1935 were 9.52 and 4.65 respectively.

In addition to the above investigations the laboratory furnished reports on 201 specimens submitted by or collected from various sources outside the hospital.

XXV.—FROM THE NORTH WALES COUNTIES MENTAL HOSPITAL, DENBIGH. *Laboratory Report.*—By Dr. ANN CEINWEN EVANS.

The following examinations were carried out in the laboratory during the year:—

Bacteriological examinations: throat swabs, 180; nasopharyngeal swabs, 159; faeces, 241, tubercle, 20; blood cultures, 2; pleural fluids, 5; conjunctival fluid, 2; epidermal scales and hairs, 2; blood for malarial parasites, 164; complete blood counts, 48; Wassermann tests, 202; flocculation tests, 202; Widal tests, 452; chemical tests, 290; institutional water samples, 7; Schick tests, 167; Dick tests, 160.

Chemical, serological, cytological and bacteriological examinations of cerebrospinal fluids have been continued.

Post-mortem examinations were made in 77 cases (70 per cent. of deaths) and the tissues were histologically examined.

Two carriers of the Klebs-Loeffler bacillus were discovered during an outbreak of diphtheria which occurred here in January and haemolytic streptococci were isolated from the throats of contacts during the scarlet fever epidemic which occurred later in the year. Further carriers of *B. dysenteriae* Flexner and the atypical *B. dysenteriae* were found. Although the types of dysentery most prevalent in this institution are those caused by the *B. dysenteriae* Flexner and the atypical *B. dysenteriae*—two cases of Sonne dysentery occurred in November–December and two Sonne carriers were isolated.

A series of observations are being made and it is hoped that, when completed, they may have some bearing on certain problems connected with immunology.

XXVI.—FROM THE DEVON COUNTY MENTAL HOSPITAL, EXMINSTER.

Report on Clinical and Pathological Investigations.—Communicated by Dr. C. F. BAINBRIDGE, Medical Superintendent.

Laboratory Report.—By Dr. V. F. FORBES-WINSLOW.

During the year a sterilizing and cleaning room, a pathologist's room and a large and commodious museum have been built on to the laboratory; all three of these additions have long been needed and their provision fills a much felt want.

Owing to these additions and also to the resulting structural alterations necessitated in the existing laboratory, the routine work has only been carried on under considerable difficulties. The laboratory was in the hands of the builders from June until early December, and for two months was practically out of commission owing to dust. In spite of these difficulties, although there was an unavoidable falling off in the examinations, comparison of numbers with previous years yields gratifying results and shows that the laboratory is being called upon increasingly to assist in the work of the Hospital.

Three cases of dysentery (1 Sonne, 1 Flexner and 1 Atypical) and two cases of severe diarrhoea occurred during the year, with one death in each group. One carrier found with Flexner Y in the stools was isolated.

There was only one case of diphtheria occurring late in the year which quickly responded to antitoxin treatment.

There were no cases of typhoid.

Confirmation of pulmonary tuberculosis was made in 11 cases (7 females and 4 males).

This year, all fresh cases under the age of 60 have been subjected to a Wassermann blood test. In this way 15 positive reactors were discovered (3·8 per cent. of admissions) of which number 8 were subsequently diagnosed as general paretics and treated with malarial therapy; the remainder were put on the ordinary anti-syphilitic treatment. But for this innovation, there is no doubt that several positive reactors would have been missed by the ordinary clinical examination, as they presented no overt signs of syphilis; in addition we have restarted the Kahn Flocculation test to run in parallel. As in previous years we are indebted to Dr. McEwan, the County Bacteriologist, for performing our Wassermann tests, 378 in number.

This year 73 autopsies were performed, representing 72 per cent. of the total deaths. In two of these, cerebral tumours of gliomatous character were found. Another case of especial interest was that of a ruptured heart, showing a slit $\frac{3}{4}$ in. long on the anterior surface of the left ventricle, following on a thrombosis of the descending branch of the left coronary artery.

An improved method of storing culture media was instituted this year by the adoption of the screw-capped bottle method of McCartney. This is a real advance, as media thus put up remain sterile almost indefinitely, and

can be kept for much longer periods than was the case when the old system of using test tubes, plugged with cotton wool, was in vogue, as in this latter method the media rapidly deteriorated and became dry. In virtue of its more prolonged keeping qualities, the "canned" medium principle is particularly adaptable to a mental hospital where the need for bacteriological investigations normally occur only at infrequent intervals, and undoubtedly its utilisation will effect a great saving both in material and labour.

The use of Löwenstein Jensen media was introduced late this year, with the hope that it may prove of value in isolating the tubercle bacillus in clinically typical phthisical patients who persistently have given negative results when the antiformin method had been employed on their sputum and faeces. Already it has been of value in aiding in the isolation of the tubercle bacilli from a clear pleural exudate.

The blood bromide test is now being performed on any new admissions who are either stuporose or semi-stuporose, to exclude the possibility of bromide intoxication.

The following is a summary of the Laboratory work for 1936 :—

Bacteriological and Pathological.—Sputum for T.B. and other organisms, 95; throat swabs, pus, etc., 74. Blood : counts (red and white cells), 122; differential counts, 81; sedimentation rate, 2; malarial parasites, 35; Widal's, 7; culture, 2. Urine : T.B., 1; culture, 21. Faeces : T.B., 19; cultures for typhoid, dysentery, etc., 40; c.s.f. cell counts, 36; Wassermann tests : blood, 378; c.s.f., 35. Kahn flocculation tests, 14. Milk culture for T.B., 5. Histological sections, 41. Museum specimens, 17. Post-mortem examinations, 73 (72 per cent. of deaths).

Biochemical Investigations.—Blood : haemoglobin estimations, 107; urea, 13; sugar, 13; sugar tolerance tests, 2; Van den Bergh, 2; Bromides, 5. Urine : urea concentration tests, 8; ketonurea (narcosis treatment), 7; melanogenurea, 1; pH, 2. Faeces : occult blood, 13. Gastric analyses, 10. C.s.f. : Langes, 36; globulin estimations, etc., 36. Milk, fat estimations, etc., 4.

Clinical Case.—By Dr. V. F. FORBES-WINSLOW.

F.S., a powerfully built male, aet. 28, and by profession an architect, who had presented the typical clinical manifestations of katatonic schizophrenia for 15 months, developed an acute right parotitis as a result of oral sepsis. He was operated on by the consulting surgeon for this condition, and his convalescence was remarkable not only for an excellent physical recovery but also a complete mental re-adjustment. He was discharged from hospital 13 weeks after operation in apparent complete possession of his intellectual faculties, and, when last heard of, had obtained a good appointment in a Government office.

This case is of interest in that the patient had not responded to any treatment, including somnifaine narcosis, and was, in fact, deteriorating. But for the unexpected "shock" therapy resulting from the intervention of an acute illness, with marked toxæmia, his chance of discharge would have appeared remote.

Somnifaine Narcosis.—By Dr. J. W. FISHER, D.P.H., D.P.M.

During the past year we have treated only 6 cases with somnifaine narcosis. This small number is due not to any loss of faith in the technique, but to a more scrupulous selection of cases regrettably enforced by the inadequacy of side-room accommodation.

Our results have been distinctly good, and we have suffered no mishaps or ill consequences save in one case where the Ström-Olsen technique was incompletely followed, inasmuch as the insulin was omitted. This particular case, as it happened, was our only case of dementia præcox which showed a good result, actually a most striking recovery, and this we attribute to the toxic shock—an unintentional shock therapy—rather than to any "mental splinting" virtue of the continuous sleep. The patient was given 4 c.c. somnifaine in the 24 hours without insulin, and upon the third day, as long

as 12 hours after his last infection, he could not be roused, and he exhibited signs of shock—pallor, cold extremities, etc., his pulse rate being 50. He was given strychnine, coramine, and 20 units of insulin, the treatment being discontinued. He gradually recovered, though his pulse rate remained slow for a week. He was a noisy, excitable and hallucinated patient, yet a month later his mental disturbance lifted and he became quiet, well-conducted and sensible in manner and conversation. He showed insight into his previous mental condition and on the 13th December, 1936, was recommended for his discharge.

Two of the remaining five cases were also cases of schizophrenia. The treatment proceeded smoothly and uninterruptedly according to the Ström-Ohlsen technique, though in their case no benefit was derived, indeed one suspected that they had been made rather worse.

Of the other three cases, two were manic-depressives in the excited phase and one was a severe Anxiety state. Here our results were most satisfactory. Manic-depressive (No. 1) is relieved, though not yet recovered. Manic-depressive (No. 2) is recovered though not yet discharged, while the Anxiety case has recovered, apparently completely, and is now discharged.

Dementig Praecox	Manic- Depressive	Psycho- Neurosis	Recovered	Not Recovered
3	—	—	1*	2
—	2	—	2	—
—	—	1	1	—

and discharged.

* See foregoing notes.

Our results, small and inadequate as they are, substantially bear out our conclusions of last year:—

(1) That “continuous sleep” is the best existing treatment for the excited phase of manic-depressive psychosis. It cuts short the attack by days and often by weeks, saving time and energy (of the nurses as well as of the patient); often, indeed, there is nothing else that serves quite so well, or even at all, to allay the extreme psycho-motor activity.

If our accommodation were only adequate, we should adopt the treatment almost as a routine in this type of case.

(2) That “continuous sleep” is of no avail for schizophrenics. Some form of “shock therapy,” such as insulin “shock” or sulphur pyrexia is likely to be more efficacious.

(3) That “continuous sleep” is likely to prove of benefit to the psycho-neurotic, easing emotional tension and inhibition and acting as a “splint to the mind.” In this connection we have not sufficient experience to venture anything more than an opinion. During the course of the year we purpose to try the treatment more fully on suitable psycho-neurotics.

(4) That “continuous sleep” provided the toxic manifestations are properly counteracted by insulin, with glucose *ad. lib.*, is as safe as the malarial treatment of g.p.i. We administer, on an average, 6 c.c. of somnifaine in the 24 hours, giving 5 units of insulin from the start of the treatment. If we can manage with only 4 c.c. of somnifaine in the 24 hours so much the better. Five units of insulin with each 2 c.c. somnifaine is usually sufficient, though we immediately raise it to 10 units if any trace of acetone appears in the urine. Should the acetone persist, in the absence of any other untoward signs such as a rise of pulse rate or temperature, we subsequently reduce the somnifaine to 4 c.c. in the 24 hours, keeping the insulin at the same level. If this fails to clear up the acetone, we discontinue the somnifaine for 12 hours, starting again as soon as the urine is acetone-free (usually at the end of the 12 hours “rest”).

We have given up to 8 c.c. somnifaine in the 24 hours continuously for periods of 3, 4 and 5 days at a time without adverse results.

Sulphur Therapy.—By Dr. J. W. FISHER, D.P.H., D.P.M.

Four cases of dementia praecox have been treated by injections of a 1 per cent. solution of sulphur in olive oil during the past year.

We give a course of 12 injections at the rate of two per week, commencing with an initial dose of 1 c.c., which is increased by 1 c.c. at each injection until the desired temperature (i.e., 103° F.) is obtained. Our solution of sulphur is "home-made" in our own pharmacy. This form of pyrexial therapy, aiming at leucocytosis and controlled by a daily leucocyte count, has shown conflicting but not altogether unpromising results.

Two cases did not benefit; one was roused from his apathy but soon relapsed again; the other, a young girl, showed a striking improvement, coming rapidly out of an unapproachable world of day-dream and hallucination into quite a bright and lively relationship with her environment. This improvement has since been maintained so that she is leaving here shortly.

We hope to pursue this form of therapy more exhaustively during the course of this year.

Progynon and Oestroform.—By Dr. J. W. FISHER, D.P.H., D.P.M.

We have given progynon or oestroform almost as a routine in our menopausal cases, though we are not persuaded that any benefit is derived where there is a *frank psychosis*.

Progynon (Schering, Ltd.) is the follicular ovarian hormone and is put up in dragées, containing 1,000 international units for oral administration, and as Progynon B; Oleosum, containing 50,000 units, and Progynon B. Oleosum Forte, containing 250,000 units, for intramuscular injection in more severe cases.

Oestroform (B.D.H.) is a standardised preparation of the crystalline ovarian follicular hormone, put up in tablets for oral administration, each tablet standardised to contain 1,000 or 10,000 units per c.c.

There is also a stronger preparation: Oestroform B, standardised to contain 100,000 units per c.c.

We have found no essential difference in the results obtained with the two products by oral administration. So far we have no experience of intramuscular administration, which is unfortunate because it is generally acknowledged that glandular preparations are more effectual when given by injection.

Our climacteric anxiety cases and depressive states have had either one dragée of Progynon or one tablet of Oestroform three times a day for varying periods; and when the periods have shown irregularity associated with vaso-motor symptoms, the patients appeared to improve more rapidly than in similar cases where organotherapy was not tried. Their anxiety and depression cleared sooner, probably not on account of any specific effect, but because of the alleviation of the physical disturbances, thereby dispelling some of their grounds for continued distress.

Where the periods had altogether ceased for longer than three months no benefit was derived, and, indeed, in one case of agitated melancholia who had not "seen her periods" for six months, and where, presumably, the change of life was definitely established, the administration of Progynon appeared to render the condition much worse; she showed a striking mental and physical deterioration until the dragées were discontinued.

While we have not up to the present had cause to use the follicular hormone for cases of amenorrhœa, our attention being confined solely to the climacteric, we believe that in organotherapy we have an important therapeutic weapon, even in this early stage of its career, where the absorption problem and the difficulty of adjusting the balance of the whole glandular economy has not yet been overcome.

Benzedrine.—By Dr. J. W. FISHER, D.P.H., D.P.M.

We have been giving Benzedrine tablets, experimentally, to certain cases of schizophrenia as well as to states of anxiety and depression, over the past few months. Each tablet contains 10 mgm. of B. Phenylisopropylamine Sulphate, which was given twice and sometimes three times a day for a duration of two weeks without intermission. We found, in the majority of cases, a rise of blood pressure which seemed to be independent of such psychic changes as were manifest in a small proportion of the subjects. These psychic changes conformed to the picture described by others—a transient euphorising effect and an awakening of motor activity. Two cases of dementia praecox became temporarily brighter and more responsive, and one talked quite sensibly for a day, but soon relapsed again into their erstwhile apathetic state.

No benefit resulted with an obsessional state or with a case of sexual neurasthenia, both seeming to become more depressed. In five cases of mild anxiety and depression some apparent benefit accrued. Two were discharged a short while after the termination of the Benzedrine course; a period of detention which was probably shorter than would otherwise have been the case.

In our limited opinion this is a useful sympathetic “tonic,” having a slight but definite influence on psycho-motor retardation, though, as this influence does not appear to be sustained, it would be too optimistic to regard it in any sense as a cure for depressive states.

Malaria Therapy.—By Dr. T. J. K. BROWNLEES.

Eight cases (7 male and 1 female) were treated.

One patient was a tabo parietic and another a juvenile parietic. Unfortunately one individual had presented mental symptoms for four years previous to admission; he derived no benefit from malaria therapy. Two other patients are at the moment undergoing their courses of fever. Of the other five, all have made marked mental and physical progress, and two have been discharged from hospital. The remaining three are usefully employed about the hospital.

The juvenile case of G.P.I. (age 15) was the second recorded we have had in this hospital during the last 20 years. She was admitted as a voluntary patient on request of the parents, and by medical recommendation.

The history was that she was bright at school but had commenced to deteriorate during the past two or three years.

On admission she was backward for her age, but presented no marked mental features. Her speech was slurred and her gait uncertain. Wassermann positive Blood and C.S.F. The course of malaria treatment was tolerated satisfactorily. It was noticed that the speech and gait improved. She was quite well conducted and did a little knitting, but cerebration was still somewhat slow. She returned to her home in November, 1936.

Her parents brought her to our Clinic in Exeter, in January. They stated that she was becoming somewhat unmanageable at home, that her habits had deteriorated, and she was sullen and refused to occupy herself. Also that she was intolerant towards the other children. I advised that she should go to some suitable home or return to this hospital.

In addition, six cases of G.P.I. who have had malaria therapy some years earlier, were given a second course of pyrexia, this time being inoculated with quartan parasites. So far it cannot be said that any mental improvement has followed this second course of fever.

It is noted that tertian fever tends to become quotidian in type after a few paroxysms. In Holland it has been stated that extraneous strains of parasites causing quotidian fever may be eliminated by the injection intravenously of 0.25 to 0.5 grams of methylene blue six hours after the peak of an irregular paroxysm of fever. Methylene blue was given to three

patients with quotidian fever, with the result that the fever was immediately terminated, but in every case there was a recrudescence of fever of a quotidian type three or four weeks later.

The annual questionnaire was sent to patients suffering from G.P.I. who had been discharged from hospital. Twenty-four had made physical and mental headway. Fifteen were capable of earning their livelihood.

Chronic Lymphatic Leukaemia treated by Malaria Therapy.—By Dr. T. J. K. BROWNLEES.

Miss S.H., factory worker, aet. 62. Admitted 20.12.25.

On admission this patient looked ill, she had a sallow complexion, her physique was poor, and she weighed only 5 st. 1 lb. She exhibited well marked generalized choreic movements, and had enlarged tonsils, palpable glands in the neck, axillae and groins. The liver and spleen did not appear to be increased in size. Mentally she was resentful, hostile and entertained delusions of a persecutory type. A brother had died insane, but no history of mental illness could be traced to earlier generations. (The diagnosis of Huntingdon's chorea had been considered). The Wassermann reaction was negative, and the blood picture: haemoglobin 84 per cent., red blood count 3,840,000, color index 1.1, leucocytes 88,000, differential count, polymorphs 6 per cent., lymphocytes 93 per cent., eosinophiles 1 per cent. The lymphocytes were of the small type, and the consulting pathologist made a diagnosis of chronic lymphatic leukaemia. It was decided to treat the blood condition with Benign Tertian malaria.

The patient was bitten by mosquitoes on 24th March, 1936, and developed fever with parasites in the blood on 18th April, 1936. The blood picture remained in status quo.

With the onset of fever the leucocyte count progressively fell, and on April 16th, the blood picture was as follows:—white blood count 19,500, D.C. polymorphs 52 per cent., lymphocytes 44 per cent.

The most remarkable point about this count was the increase in polymorphs, which was absolute and not relative.

On April 22nd, after four paroxysms of pyrexia, the fever had to be terminated with quinine owing to the debilitated state of the patient. The blood picture on April 27th was as follows:—white blood count 14,640, D.C. polymorphs 16 per cent., leucocytes 83 per cent., eosinophiles 1 per cent., haemoglobin 82 per cent. The blood count remained in this region for about six weeks, and then the leucocytes commenced to increase progressively.

The blood examination on July 9th, showed haemoglobin 90 per cent., red blood count 4,370,000, color index 1, leucocytes 61,800, D.C. polymorphs 8 per cent., lymphocytes 91 per cent., transitionals 1 per cent.

The patient was infected with blood containing quartan parasites on July 5th, and parasites were detected in the blood on August 14th, the fever however, was terminated immediately owing to the critical condition of the patient.

This experimental treatment of lymphatic leukaemia with malaria showed a substantial temporary reduction in the leucocytosis lasting for a period of six weeks. This is in agreement with previous work done on the leukaemias with malaria. A point of interest was the disappearance of all the patient's mental symptoms and choreic movements during the course of the fever, these, however, subsequently returned.

Pyloric Stenosis, following the Swallowing of Corrosive Poisons.—By Dr. T. J. K. BROWNLEES.

In the last 12 years, 3 cases of pyloric stenosis following the taking of corrosive acids have been recorded at the Devon Mental Hospital.

Two of these patients had made their suicidal attempts previous to admission to this hospital.

These three cases had much in common, as a reference to the short résumés of their case histories will show. Amongst other characteristic features were the appearance of obstructive symptoms three to four weeks after the swallowing of poison.

The obstructive symptoms included loss of weight, nausea, vomiting, and a feeling of fullness. Gastric analysis gave further evidence of delayed emptying. The Radiographers' reports on barium meals indicated an obstruction at the pylorus, indistinguishable in one patient from neoplasm.

At operation the pylorus was seen to be scarred and contracted, and noted to be indurated. A gastro enterostomy was performed in every case. Subsequent to the establishment of a gastro enterostomy the previous obstructive symptoms disappeared, and the patients made uneventful recoveries.

S.C. Admitted 10.11.1911. aet. 28.

- 15.9.24. Patient swallowed accumulator acid.
- 6.10.24. Patient vomiting, usually towards the evening. Pyloric obstruction suggested.
- 20.10.24. Patient vomiting more frequently. Very little food getting past pylorus. Repeated nutrient enemata administered.
- 22.10.24. See by consulting surgeon. Exploratory laparotomy advised.
- 28.10.24. Gastro enterostomy performed by consulting surgeon. Following operation, obstructive signs and symptoms disappeared and no further vomiting was experienced by the patient.

W.E.S.P. Admitted 22.5.35. aet. 51.

- 2.4.35. Drank hydrochloric acid.
- 22.5.35. Admitted to Devon Mental Hospital.
- 26.5.35. Continuous nausea and abdominal discomfort since admission.
- 8.6.35. Positive occult blood.
- 19.6.35. Barium meal and X-ray. The conclusions were that there was definite obstruction to the barium at the pylorus, with delay in the beginning of emptying, which takes place slowly.
- 17.7.35. Test Meal. Charcoal recovered in resting juice. The presence of charcoal in resting juice suggests pyloric obstruction.
- 23.7.35. Patient losing weight.
- 5.8.35. Operation by consulting surgeon. Scarring and induration of the pylorus noted. A posterior gastro-enterostomy performed. The operation was followed by an uneventful convalescence with immediate disappearance of obstructive symptoms.

S.A.C. Admitted 24.8.36. aet. 55.

- 10.8.36. Swallowed sulphuric acid.
- 24.8.36. Admitted to Devon Mental Hospital.
- 30.8.36. Complained of regurgitation of bile, feeling of fulness, and a desire to vomit his food.
- 1.9.36. Vomited his lunch (had not vomited previously).
- 3.9.36. Vomited five times.
- 7.9.36. Report of barium meal :—There is an organic obstruction at the pyloric end of the stomach which is causing delay in emptying. From the radiological view-point this is indistinguishable from the deformity caused by neoplasm, but in view of the history is probably due to scarring.
- 11.9.36. Stomach washed out. Contents of stomach foul smelling, and contained food ingested on the previous day.
- 12.9.36. Gastro enterostomy performed by consulting surgeon. Marked induration and scarring of the pylorus found at operation. Following operation no further obstructive symptoms experienced.

Physical Training.—By Dr. T. J. K. BROWNLEES.

Physical training has been considerably extended during the last 12 months. The daily average for the classes have been 70 males and 100 females.

In the advanced female classes all the exercises are done to music provided either by a gramophone or a piano.

Rhythmic exercises have largely replaced physical jerks.

It has been suggested that the movements of schizophrenics are erratic and jerky, and that the performance of following rhythmic exercises would be of assistance in returning this class of people to normality. Folk dancing is popular with the female classes, and a small display was given at Christmas. Some patients on admittance to hospital cannot dance. Instruction given at the P.T. classes in ballroom dancing, enables patients to take the floor with more confidence at the hospital dance, perhaps renders their stay in hospital a happier one.

Netball and tennis quoits have proved sources of attraction to the females. Club swinging is done to music and a display was given at the patients' sports. The male patients are very keen on their organized games of football every Thursday throughout the winter. The rules of the game are strictly observed, and the provision of a complete football kit for each patient taking part has stimulated interest in the game.

These games and exercises act as a pointer to an individual's mental progress or deterioration.

XXVII.—FROM THE DORSET COUNTY MENTAL HOSPITAL.

Pathological Report.—By Dr. P. W. BEDFORD, D.P.M., Medical Superintendent.

Laboratory Work.—During the year 3,176 investigations were carried out in the laboratory, this being an increase of 153 on the previous year. Subjoined is a summary :—

Urine: routine examinations, 1,341; sugar estimations, 43; spectroscopic examinations, 23; urea estimations, 10; albumen estimations, 8; bacteriological examinations, 5; test for barbiturate group, 4. Faeces: bacteriological examinations, 360; rectal swabs, 303; sigmoidoscopy swabs, 71. C.s.f.: chemical cell count, 53; gum mastic, 52; colloidal gold, 20; bi-coloured guaiacum, 13; Meinicke, 57; Wassermann, 39; bacteriological, 1. Blood: Meinicke, 232; Widal, 205; Wassermann, 26; sugar estimations, 44; urea estimations, 3; count, 17; diff. count, 16; polynuclear count, 8; bacteriological, 4. Throat swabs, 11; gall bladder, bacteriological examinations, 2; pus, 11; sputum, 11; water, 48; milk, 46. Vaccines prepared, 42. B. Flexner vaccine litres, 7. Material for T.B. cultures, 10. Gastric juice, chem. examinations, 2. Pathological sections, 28.

Dysentery.—During the year 71 patients were examined by sigmoidoscopy in a search for "carriers." By this means three carriers were detected and isolated.

The procedure is, however, laborious and uncertain and it has given place to the method of rectal swabbing described by Dr. A. C. Sinclair in the *Report of the Board of Control*, 1934, p. 77.

Every new admission is inoculated against dysentery by one of the following methods :—

- (a) Subcutaneous vaccination with two doses of 2,000 million.
- (b) Intravenous vaccination by two doses of 40 million each.
- (c) Oral vaccination with 100,000 million dead organisms on three successive days, each dose being preceded by the administration of 3 bile tablets (Fournier Bilege) a quarter of an hour before on an empty stomach.

The intravenous method is favoured as the resulting agglutination titres are higher and more lasting.

Whether these inoculations have served any useful purpose it is impossible to say. They may have prevented an epidemic or they may possibly be a source of danger by modifying an attack, and making the symptoms so

slight as to pass unnoticed. True dysentery is characterized by high infectivity and low mortality and intermittent excretion makes every sufferer a potential source of the disease.

It is well known that it is spread chiefly by manual contact; but there is now some evidence that, particularly in winter and spring, it may be conveyed by droplets from the nasopharynx, i.e., an air-borne infection.

Isolation and segregation offers the best safeguard, but the unfortunates so treated are thereby deprived of most of the amenities available, and the whole hospital cannot be integrated for dysentery prevention and nothing else.

Prolan in Schizophrenia.—This treatment is costly and the results disappointing.

Summary of Investigations carried out by Dr. J. Stephen Horsley.

1. *Therapeutic Narcosis with Soneryl.*—(Abstracts from a paper read at the autumn meeting of the South-Western Division of the Royal Medico-Psychological Association, 1936.)

Barbital therapy has aroused more interest than any other method of narcotic treatment. The reason is that barbital narcosis offers a new means of establishing contact with hitherto suspicious, seclusive and inaccessible patients. It is the quickest and most effective method of inducing sleep and rest in various maniacal states.

Administration and Dosage.—The arrangement of a practical technique was preceded by a series of test doses in which various methods were applied to separate groups of 50 patients. The first method of oral medication, basing the dose on body weight, showed partial or complete failure in 10 per cent. of cases and was abandoned. The second group received the salt, sodium soneryl, by intravenous injection and here it was considered safer and more accurate to regulate the dose by individual response, i.e., by inducing narcosis slowly and stopping the injection as unconsciousness supervenes. This method never failed to induce sleep and in single doses had no adverse effect on the circulatory or respiratory systems. Moreover, the increased restlessness which occurs on waking in 10 per cent. of cases after oral medication was not seen after intravenous injection.

The third group received soneryl sodium by intramuscular injection. The narcotic effect was apparent in 5 or 10 minutes and its duration equalled that due to intravenous injection. Unfortunately, the solution is a local irritant and four cases developed deep-seated injection abscesses. An alternative preparation of soneryl, in special solvent, has been used in 20 cases without ill-effect.

The fourth group received suppositories in doses of 5, 10 and 15 grains. These were given according to a scheme which allows for possible idiosyncrasy. This method was invariably effective and well tolerated, thereby resembling the highly satisfactory results already recorded with nembutal suppositories.

The conclusion is that the intravenous and rectal methods offer the greatest therapeutic efficiency.

Part I.

Intravenous Therapy.

The immediate and profound effect of intravenous narcosis is of incomparable value in psychiatric emergencies. Objections have been raised that intravenous narcosis introduces the risk of sudden and irrevocable toxic effects—whereas the truth is that the slow injection of a dilute solution is the safest and most accurate method of estimating the correct dose. The danger of thrombosis, which has been described with somnifaine, is negligible with some of the newer barbiturates. We have not seen this complication in over 3,000 intravenous injections with amytal, nembutal and soneryl.

The value of these drugs in suicidal cut-throat is obvious, and their use in status epilepticus is well known. Their use in acute delirious mania is not so well defined.

The present purpose is to suggest an alternative method of treatment for those acutely delirious and toxic cases whose feverish over-activity so often ends in exhaustion and death. In treating such patients rest alone is insufficient and it is necessary to take active measures to eliminate the toxæmia. In order to do this effectively we turn to the surgical procedure of continuous intravenous infusion of saline.

Continuous Intravenous Narcosis.

The continuous infusion of saline by the intravenous route is established as a life-saving procedure in various surgical emergencies. Its use in psychiatry is new but it appears to be of great value.

Case 2. Married woman, æt 39. Acute Delirious Mania.—On admission her illness had lasted about a month. She looked ill, her tongue was thickly coated and dry. There was a moderate degree of albuminuria and her blood pressure was 135/90. Her mental state was one of gross confusion. She was disorientated, noisy, incoherent and violent. Visual hallucinations were of an intensity recalling delirium tremens. She saw spiders everywhere and this increased her noisy excitement. The usual treatment including the use of hypnotics, sedative baths and nasal feeding, failed to effect any improvement. She was given a continuous infusion of glucose saline. The infusion was continued uninterruptedly for 62½ hours; the total quantity of soneryl was 3.1 grammes, most of which was given during the first day. By the third day she was coming round from the narcosis, but was no longer resistive. Her mental state had changed completely to one of slight depression. When the infusion was discontinued she showed signs of returning restlessness, but after three days she was clear, amenable and rational. Convalescence began from this moment and a week later she was moved to an open ward where she stayed about six weeks before being discharged. She has kept well.

Part II.

Prolonged Narcosis with Soneryl Suppositories.

The patient is examined, prepared, and put to bed in a quiet side-room. The usual arrangements are made for daily laboratory examination.

The initial narcosis should be controlled by doses which do not exceed 5 grains every 6 hours. Often it is sufficient to give 5 grains twice or thrice daily. The most important feature during the test period is the condition of the pulse, a pulse rate below 50 being the commonest sign of intolerance. After 3 days, subject to the general condition being satisfactory, it is safe to increase the dosage. The maximal single dose is 15 grains, but 10 grains repeated 2 or 3 times a day is usually adequate for producing a fairly continuous and deep sleep. In connection with dosage, it is necessary to consider the advisability of routine administration of insulin. Glucose, being an essential ingredient of a nutritious fluid diet, is given as a matter of course. The addition of insulin is believed to raise the tolerance to soneryl and to necessitate larger doses. Therefore insulin is reserved for cases showing ketosis. Slight acetonuria occurred in about half the present series, but it was never severe and always disappeared on giving insulin, glucose and copious fluids.

Duration of Narcosis.

The optimal duration of narcosis is quite uncertain, although the general consensus of opinion is that a period of not less than 10 days is required. In the absence of definite criteria we prolong most narcoses for an arbitrary period of 14 days. Nevertheless, in some cases, with toxic complications and consequently abbreviated treatment, the results were equally good. The following example illustrates the relief of a melancholic attack by five days' narcosis.

Case 19. Single woman, aet 39. Melancholia.—The personal and family history were negative. On admission the patient was persistently and abnormally depressed and agitated, reiterating her wish to be allowed to die. Alternatively, would go away at once and give herself up to the police. She was very resistive to all attention and difficult with food. Ultimately needed to be tube-fed. She was given a course of treatment for five days with an average dose of grains 5 b.d. During this time she took food voluntarily and in fair quantity. In spite of other conditions being satisfactory her pulse became slow and feeble. On the third day it was 42 and by the fifth day had reached the exceptionally slow rate of 32; for this reason narcosis was stopped.

The following day the patient was much brighter, although still mildly depressed and a little retarded. Her appetite was good and she showed interest in occupational therapy. The improvement continued and she was discharged "recovered."

2. *Narco-Analysis. A method of investigating Normal and Morbid Mentality.*

By Dr. J. STEPHEN HORSLEY, Senior Assistant Medical Officer.

Summary.—(1) Narco-analysis is a new psycho-therapeutic approach based on the theory that certain drugs facilitate the induction of hypnotic rapport, a state favourable for psychological analysis and synthesis.

(2) The ideal drug has yet to be discovered, but the newer short-acting barbiturates—notably nembutal, pentothal and evipan—are so helpful that they may go far in popularising this technique.

(3) A secondary effect of these barbiturates is marked euphoria. This is most pronounced with pentothal, and it is of value in gaining the patient's confidence and restoring his *joie de vivre*.

(4) The feature of the response of normal controls was that 18 out of 20 found themselves while under pentothal hypnosis unable to refuse to answer questions.

(5) Satisfactory results have been obtained in various psychotic states, including schizophrenia, confusional psychosis and particularly in melancholia.

(6) Three examples of melancholic automatism responded to this treatment.

(7) In conclusion, narco-analysis, although in its infancy, appears to be established as a valuable means of investigating and understanding various mental states. Moreover, it is a therapeutic procedure applicable to both hospital and private practice.—(*Medical Press and Circular*, April 7, 1937, Vol. CXCIV, No. 5109.)

3. *The Intracranial Pressure during Barbitol Narcosis.* By Dr. J. STEPHEN HORSLEY.

Summary.—(1) A c.s.f. pressure effect is described in 100 cases in which there was an abrupt fall at the onset of narcosis, succeeded by a slow rise, with a second fall at the moment of waking.

(2) The effect is common to various barbitals: nembutal, evipan sodium, pentothal sodium, and soneryl sodium.

(3) It is constant in 99 per cent. of cases—the single exception being paradoxical.

(4) It depends on full narcosis, and is absent with subhypnotic doses of barbitol.

(5) It is suggested that c.s.f. pressure is controlled by a central neural mechanism.

(*Lancet*, Jan. 16th, 1937, p. 141.)

XXVIII.—FROM THE DURHAM COUNTY MENTAL HOSPITAL.

Laboratory Report.—Communicated by the Medical Superintendent.

The following is a summary of the examinations made during the year:—

Urines: Routine, 1,680; bacteriological, urea conc., sugar, etc., 142. Faeces: bacteriological, 28; occult blood, 10; bile, 1; T.B., 12; protozoa, etc., 30. Blood: total counts, 90; differential Hb per cent. C. Index, 128; malaria films, 8; sugar

estimations, 7; urea estimations, 3; agglutinations, 108; culture, 1; reticulocyte count, 1; Wassermann reaction, 45. C.s.f.: cell counts, 28; chloride estimations, 28; sugar, 28; globulin reactions, 112; Lange gold sol test, 28; Wassermann reaction, 26. Bacteriological sputum examinations, 61; milk bacteriological (special) 12; sewage bacteriological 2; urine for T.B., 5; for G.C., 2. Pus from pleura abscesses, etc., 13. Vaginal swabs, 3; Urethral smears, 1. Throat swabs, 394. Organs prepared for Museum, 6. Post-mortem examinations, 95 (57·9 per cent. of deaths).

XXIX.—FROM THE ESSEX COUNTY MENTAL HOSPITAL, BRENTWOOD.

General Report.—Communicated by Dr. W. G. MASEFIELD, D.P.M., Medical Superintendent.

Laboratory Report.

The following is a summary of work done in the pathological laboratory during the year:—

Rectal swabs, 9,076; urine chemical, 751; urine bacteriological, 54; blood counts, 574; Wassermann reactions, 725; blood sugars, 80; blood for parasites, 200; blood ureas, 24; blood N.P.N's., 1; blood cultures, 8; blood grouping, 4; blood Van-den-Bergh, 2; blood sedimentation rate, 2; Widal reactions, 740; faeces bacteriological, 348; faeces chemical, 6; throat swabs, 112; animal inoculations for research purposes, 322; animal inoculations for diagnostic purposes, 4; sections, 331; C.s.f., Wassermann, 70; C.s.f., colloidal golds, 70; C.s.f., cells, globulin, etc., 71; vaccines prepared, 26; sputum, 56; bacteriological milk and water, 101; pus, 54; gastric analysis, 7; reticulocyte counts, 4; agglutinations for brucella abortus, 113; miscellaneous examinations, 32.

The Haematology of Convulsions.—By Dr. ARTHUR GUIRDHAM, D.P.M., Resident Physician, Bailbrook House, Bath, formerly Assistant Medical Officer, Brentwood Mental Hospital, and Mr. A. W. PETTIT, Laboratory Technician, Brentwood Mental Hospital.

This research does not claim to be an original conception. Any value it possesses lies in the fact that a limited number of patients (8, and 2 controls) was employed, and their blood counts (average 24·5) estimated over prolonged periods of time (average 38 days), involving the most laborious and meticulous effort on the part of one of us (A. W. Pettit). It is believed that this is the only practicable technique in epileptic haematology owing to the varying periodicity of fits in different epileptics, and the different times, in relation to convulsions, at which maximal and minimal counts occur. Many variations in blood count in the same subject occur independently of the incidence of the convulsions. These variations are not to be explained by the occurrence of anything in the nature of a morning and evening tide such as Sabin, Cunningham and Shaw postulate.

The white cell count in epilepsy is very variable. This phenomenon is noted most particularly in relation to the convulsions, when there is usually a definite leucocytosis, due practically always to a relative increase in lymphocytes. Eosinophilia, a traditional associate of the epileptic convulsion, occurred rarely, and in that minority of cases where the white cell increase embodied a relative polymorphonuclear leucocytosis.

An interesting point emerging from this research is the variability in the erythrocyte count and haemoglobin percentages, factors hitherto very inadequately considered in epilepsy. An erythrocytosis at the time of the fits is the rule. It is usually accompanied by an increase in the haemoglobin percentage, but this is not invariable. The most important fact about the haemoglobin percentage is its variability, e.g. variations of 22 per cent. and 28·5 per cent. are observed in the same individual.

When the fits exhibit a grouped periodicity there is a tendency for a low white count to be observed at the occurrence of the fits.

There is no relation between the type of cell count and the frequency of fits.

(*Journal of Mental Science*, July, 1936.)

The Liver in Epilepsy. A Study in the Application of the Laevulose Tolerance Test. By Dr. ARTHUR GUIRDHAM, D.P.M., and Mr. A. W. PETTIT, Laboratory Technician.

The post-mortem findings in the epileptic liver, the leucocytic variations in relation to the convulsions, the evidence that epilepsy is an allergic phenomenon, and the occurrence of the haemoclastic crisis, justify the investigation of liver function in epilepsy.

For this purpose we studied the laevulose test, a technique on the whole regarded with favour, the main objections to which were more justified when the application involved the estimation of urinary laevulose, a most unsatisfactory procedure, rather than its concentration in the blood.

The first feature to be noted in this investigation was the prevalent low blood sugar in epileptics, 11 of the 13 investigated did not exceed 80 mgm. per cent. The average rise, 17 mgm. per cent., after the ingestion of laevulose, is appreciably less than that obtained by most authors.

Three typical types of tolerance curve were obtained. In the first the blood sugar is at its maximum after half an hour, and back to its original level in one to one and a half hours. In the second the maximum occurs only after one hour, with a return to the normal after one and a half to two hours. In the third type the tolerance curve approximates to a straight line.

In 9 out of 13 cases the blood sugar curve at the end of the experiment (after 2½ hours) fell lower than at the beginning.

The secondary rise, present in a glucose curve, occurred in only 4 out of 13 patients.

The rise in the blood sugar curve tends to be less in long-established cases, with slow deterioration, than in earlier cases, or those with rapidly supervening dementia.

The maximum rise of blood sugar was observed in a patient with associated gross congenital change—i.e. a low-grade microphalic imbecile.

Counts coinciding with convulsions show a low sugar figure. There is a suggestion of high figures in periods of intermission.

The generally minimal rise in the blood sugar indicates that there is, in epilepsy, no impairment of liver activity, in fact that in this condition there is an unusually good tolerance for laevulose.

The uniformity of the blood sugar values obtained has some indicative value of the reliability of the laevulose tolerance test.

(*Journal of Mental Science*, March, 1936.)

XXX.—FROM THE ESSEX COUNTY MENTAL HOSPITAL, COLCHESTER.

General Report.—By Dr. R. C. TURNBULL, Medical Superintendent.

Pathological.

In the Laboratories, routine and research work have been continued.

A Survey of Mental Hospital Patients.

An analysis has been published (R. C. Turnbull, L.S. Penrose, and A. G. Duncan, *Journal of Neurology and Psychopathology*, 1936, XVI.225) of the types of mental disorder found in the population of this Hospital in January 1935. Cases were classified according to mental disorder and also according to mental grade. The incidence of mental defect was found to be 17·8 per cent. and the incidence of mental dullness 23 per cent. The different types of psychoses showed different degrees of association with mental deficiency, manic-depressive insanity and epilepsy had the strongest association with low mentality.

The way in which the entering population became modified in the course of years was studied in respect of the different psychoses and mental grades.

Physical measurements and stigmata in the different groups were investigated, and it was demonstrated that physical abnormalities were more closely associated with low mental grade than with any special type of psychosis. Some data bearing on the familial incidence of mental disorder were also analysed.

Mental Deficiency and Manic-Depressive Insanity.

The manic-depressive cases found in the above survey were further investigated (A. G. Duncan, *Journal of Mental Science*, 1936, LXXXII, 635) and the relations between this disorder and mental deficiency analysed.

Mental Disorder associated with Childbirth.

An investigation by Dr. N. Haworth into 40 cases of mental disorder associated with childbirth admitted to the hospital between January, 1920 and December, 1924, has shown that though a large number were admitted in a state of confusion, in all but two, which were associated with pyrexia and toxæmia, symptoms of manic-depressive or schizophrenic psychosis developed. The recovery rate, both immediate and permanent, has been very much higher in the manic-depressive cases. In over 70 per cent. the onset occurred during the puerperium. In the majority of cases the physical condition was good and only in two could it be regarded as the principal cause of the mental breakdown. Evidence of insane heredity, congenital mental defect, or stigmata of degeneration, was found in 80 per cent. of these patients. In 60 per cent. there had been earlier confinements, and in 30 per cent. there have been later confinements, without any symptoms of mental disorder. In over 70 per cent. of those patients who have since been re-admitted to hospital, the second attack has shown an increase of severity and duration, and in only four cases has the second attack been again associated with childbirth.

XXXI.—FROM THE GLAMORGAN COUNTY MENTAL HOSPITAL.

General Report.—By Dr. D. RHYD OWEN, Medical Superintendent.

A.—Laboratory.

The following is a summary of the investigations undertaken during the year:—

Urines: routine, 2,551; special examinations, 602; bacteriological (13 for T.B.), 17; occult blood, 8; urea estimations, 5; sugar estimations, 51; bile, 5; glycuronic acid, 10. Blood: counts (complete), 53; films (including films for malaria parasites), 120; Wassermann reactions, 511; Kahn reactions, 511; sugar estimations, 15; sugar tolerance tests, 28; Van den Bergh reactions, 4. C.s.f.: Wassermann reactions, 6; Kahn reactions, 6. Faeces: bacteriological, 1,917. Miscellaneous: sputa for T.B., 27; faeces for T.B., 2; throat swabs for diphtheria, 11; fractional test meals, 6; pus for organisms, 4; milk (bacteriological), 2; water, (bacteriological), 5; antiseptics (for bactericidal powder), 5.

B.—Clinical.

(a) *Feeding by means of Glucose solutions.*—The relative value of a mixed liquid diet and concentrated glucose solutions in cases requiring tube feeding was investigated by Dr. I. A. Evans. Several cases were encountered during the past year who refused food and had to be tube fed. A chance observation on the value of glucose meals in such cases has led to a careful observation of the advantages of this form of treatment in such conditions. As an example the case of B.E.E.M., a female aet 30, is of interest. On admission she was confused, restless, impulsive, destructive and defective and possessed vivid hallucinations of hearing and taste. She refused food, and funnel feeding had to be resorted to for several weeks. During this time she received a mixed liquid diet of two pints of milk, two eggs and Sanatogen. This was

later changed to a small meal consisting of 6 ozs. of glucose in one pint of water, after which the patient immediately began to take her food voluntarily and continued to do so until her discharge. Ten cases were similarly treated and the results are summarized in the following table :—

	Sex	Age	No. of mixed liquid meals	No. of Glucose meals	Result
A. H. C. ...	M	50	6	3	Took food voluntarily.
T. J. W. ...	M	33	2	1	Took food voluntarily.
Wm. J. ...	M	48	1	1	Took food voluntarily.
R. M. ...	M	56	12	2+2	Took food voluntarily for few days and then refused. 2 additional glucose feeds given and patient then took his food normally.
G. O. D. ...	M	27	6	1	Took food voluntarily.
K. H. ...	F	29	2	1	Took food voluntarily.
K. M. ...	F	21	3	1+1	Took food voluntarily for 3 days. Then on refusal 1 glucose meal again given. Food then taken normally.
E. L. ...	F.	53	2	1	Took food voluntarily.
M. N. ...	F	26	4	1+1 +1	Took food for 2 days. 1 glucose meal—voluntary feeding continued for 1 week. 1 additional glucose meal and permanent voluntarily feeding ensued.
M. B. ...	F	36	2	2	Took food voluntarily.

The mixed liquid diet consisted of milk, eggs and Sanatogen, in all cases. This type of treatment is being continued with a view to elucidate the mechanism of the results.

(b) *Prominal in Epilepsy*.—Dr. Hughes has treated 14 of the more active epileptics with prominal (gr. 3 t.d.s.) and the figures recorded up to the end of last year show gratifying results. The average number of fits per patient per month having been reduced by approximately 50 per cent. Apart from the reduction in the number of fits there has been improvement in the mental condition of the majority of the patients in that they have been less quarrelsome and irritable and more amenable and co-operative. In three of the cases, however, the drug did not control the fits—in fact there has been an increase in the number of fits recorded. The dosage has recently been increased in these cases and it remains to be seen whether improvement will result.

(c) *Treatment by Campolon*.—Fifteen cases suffering from anaemia (secondary) have been given highly concentrated liver extract intramuscularly in the form of Campolon on alternate days, each patient receiving an average of 18 injections. Apart from physical improvement, mental change was noted in 3 cases—2 of these being discharged recovered and 1 relieved. One of the recovered cases is interesting. A woman, M.M. aet 62, was weak, thin, very aneamic and confined to bed and mentally very emotional, agitated, noisy, hypochondriacal, with marked persecutory delusions and auditory hallucinations. She was given a total amount of 66 c.cs. of Campolon during the course. The treatment commenced early in April and her condition was so improved by June that she was discharged, in this comparatively short time, free from anaemia and her mental symptoms.

(d) *General Paralysis of the Insane.*—Malarial treatment has been continued, and 33 males and 5 females dealt with by means of this therapy during the course of the year. Dr. Evans has undertaken treatment of the male cases and Dr. R. C. Abel of the females. Liver concentrates equivalent to 500 grammes of fresh liver were also administered intramuscularly every alternate day. Injections were commenced the day following inoculation with malaria and were continued until the febrile paroxysms had completely subsided. In each case tryparsamide was subsequently given. The following table summarizes the results :—

			Discharged		Died.	Still in Hospital	
			Recovered	Relieved		Improved	Not Improved
Males ...	...	...	6	2	4	14	7
Females ...	...	...	1	—	—	1	3

(e) *Radiographic work.*—Two hundred and forty three radiographs were taken of 110 patients, and these involved the examination of soft and bony tissues.

The case of a male patient, W.J.D., is of great interest in that it was possible to obtain a series of 4 radiographs in which the transit of a renal calculus was followed from the lower lobe of the left kidney to the tip of the external genitalia.

The identification of the stone and its course during expulsion ran parallel with a definite improvement in the patient's mental condition, which resulted in his discharge as recovered a month after the passage of the stone.

(f) *The effect of " Benzedrine " (phenylisopropylamine),* which is a stimulant to higher centres of the central nervous system, was tried in a series of 33 cases of chronic patients chiefly of the listless, apathetic and idle type with a view to produce increased motor and mental activity and for further investigation in such cases in the event of satisfactory results during the preliminary trial. The treatment extended over a period of a month, and the dosage used in the majority of cases was an initial one of two tablets (20 grains) daily, increasing weekly by a further two tablets until finally eight tablets were being taken in the fourth week in cases showing no change other than loss of weight provided this was not excessive. The results were disappointing as may be seen from the following table :—

Mental condition	No change	Change	Loss of appetite	Loss of weight	Marked loss of weight (7 lbs. or over)
Delusions, hallucinations, listless, apathetic, idle, untidy, impulsive. }	29	4	9	29	12

It will be seen that neither mental nor motor improvement resulted, the four cases in which any change occurred became worse, three becoming confused and the fourth very depressed. One case which deteriorated was, prior to administration of the drug, clearly orientated, sociable, communicative, a good worker in the ward and possessing a hobby, namely, painting and drawing which he indulged in during leisure hours. Following treatment

he altered completely, became morose, confused, listless, apathetic and idle even in respect of his hobby. He also suffered loss of both appetite and weight. Cessation of the drug was followed almost immediately by improvement, and in the space of one week he had returned to his former condition, and at the end of a fortnight his weight was almost at pre-treatment level.

Two predominant phenomena observed were the loss of both weight and appetite, as shown by the respective figures in the table. Both phenomena were soon corrected naturally following the discontinuance of the drug, and their weights were practically normal again at the end of a fortnight.

In respect of other patients treated with this drug, success was obtained in a case of narcolepsy, though the dose required was 6 tablets (grs. 60) daily after gradual increases from one daily. A maintenance dose is now administered of two tablets daily and the patient now remains awake and is somewhat brighter mentally. Eight other patients of the less chronic and depressed type are receiving the drug, but only in two cases is there evidence of any improvement as yet.

In one case the drug is being used in combination with Elityran for the purpose of weight reduction in addition to mental stimulation. The loss of weight has been accelerated since the administration of Benzedrine, and the patient is a little brighter mentally.

No untoward symptoms have been encountered during the use of the drug, except in one case in which the patient developed acute pain in the left side of the chest. This, however, rapidly subsided after temporary withdrawal of the drug and strapping of the chest.

These observations were made by Dr. Hughes.

(g) *Acetonuria and Mental Disorder*.—It has been observed that patients on admission at times show the presence of acetonuria. The analysis of these cases showed that they were all in a debilitated state with varying degrees of cachexia, exhaustion, furred and dry tongues and foul stools. The history of these cases prior to admission showed that the patient had invariably refused his food, was extremely restless and agitated or was in a stuporose, confused state taking but little nourishment. Consequently it was concluded that all these patients were suffering from semi-starvation due to a refusal to take food prior to admission, and this had produced an acidosis. This explanation seems to be fully justified by the fact that the acetonuria cleared within 3 to ten days following admission and treatment. As a result of the examination of the urines of a number of cases resident it has been observed that a mild form of acetonuria is present in many patients of all types.

It was found to occur frequently amongst epileptics although it was not present in every case. The course which the excretion of this substance followed was an irregular one, although the case of a female patient E.D., an epileptic aet. 16, who exhibited a cyclical acetonuria is an exception. There was a marked acetonuria on admission which disappeared and re-appeared in a cyclic manner every three or 4 days. At approximately fortnightly intervals the excretion of this substance increased considerably for about 24 hours. It then settled down to follow the course described above for another 14 days. This lasted for about 6 weeks when the patient died.

It has not been found possible to correlate time or frequency of fits with the excretion of acetone.

A marked acetonuria was also present in a group of patients who were receiving sulphonal treatment. This bore no relationship to the length of treatment or the actual dosage.

Further work is in progress upon this problem in conjunction with Mr. D. R. Davies.

(h) *Miscellaneous*.—The metabolism of calcium in epilepsy has during the last two or three years excited some interest (recent reports of the Board of Control). Calcium lactate and parathyroid extract have been given orally

over a period of six months. Blood calcium examinations were estimated simultaneously. Twelve epileptic patients, each with a marked history of fits, were chosen for the trial treatment. All had been treated for long periods with bromide previously. After careful observation it was decided that the calcium and parathyroid was of little value in controlling the number or intensity of the attacks.

Dr. T. L. Edwards and Dr. Abel correlated these observations.

Prolan (standardized anterior pituitary hormone) together with Unden (ovarian hormone) have proved of considerable value in effectively restoring menstruation in 25 cases out of 42 treated.

Somnifaine has been found of very great value in combating resistiveness to the taking of food. Dr. Hughes is investigating in particular its possibilities in conjunction with glucose feeds commented upon earlier in this report.

Over 80 per cent. of the patients received into this hospital since 1930 have exhibited gross abnormalities of weight on admission.

By far the greater number are under weight. An attempt is being made to assess the full significance of these facts. A statistical analysis of the body weights of patients is proceeding and the records have been investigated as far back as 1899. Preliminary results suggest the possibility that certain variations in body weight are intimately concerned with mental disorder and are indicative of bodily changes proceeding in parallel with the mental changes. Owing to the complicated nature of the problem in which results are being masked by the economic problems of the area from which the patients of this hospital are drawn, more work must be done before it will be possible to come to a definite conclusion. It is hoped to publish some results in the near future. Mr. D. R. Davies is active in this analysis.

XXXII.—FROM THE GLOUCESTER COUNTY MENTAL HOSPITAL.

Laboratory Report.—Communicated by the Medical Superintendent.

The following investigations were made during the year :—

Blood : counts, 25; films for malarial parasites, 6; Kahn 21; sugar, 2; Widal, 225; Wassermann, 224; gonococcal complement fixation, 2; C.s.f. : complete, 6. Faeces : bacteriological, 230; occult blood, 1; t.b., 4; Milk : total count, B. coli and fat, 49; Pus : bacteriological, 2. Sputum : t.b., 39. Swabs : throat, Klebs-Loeffler bacilli, 21; vaginal, bacteriological, 2; urethral, bacteriological, 1; conjunctival bacteriological, 1. Tissues for microscopic examination, 3; Urine : chemical, 355; bacteriological, 2; microscopical for g/c. 1; Zondek-Ascheim, 1. Vomit, bacteriological, 1. Vaccines, prepared, 1.

XXXIII.—FROM THE HAMPSHIRE COUNTY MENTAL HOSPITAL, PARK PREWETT, BASINGSTOKE.

Pathological Report.—By Dr. V. LINDLEY CONNOLLY, M.C., D.P.M., Medical Superintendent.

A. Routine work of the Laboratory.

The following is a summary of the examinations carried out during the year :—

Urine : routine examinations, 759; microscopical, 318; blood, 72; albumen estimations, 27; sugar estimations, 158; ketone bodies, 123; bacteriological, 39; for bile, 9; urea estimations, 3. Blood : complete counts, 43; white cell count, differential and Arneeth, 34; sugar estimations, 34; sugar tolerance curves, 6; urea estimations, 253; calcium estimations, 260; cultures, 1; malarial films, 16; agglutination tests, 21; micro-Meinicke and micro-Widal reactions, 334; Kahn reactions, 194. C.s.f. : complete (cell count, globulin, Boltz, protein), 21; colloidal gold reactions, 6; Meinicke reactions, 21. Bacteriological examinations : pus and other pathological fluids, 36; throat swabs, 9; milk, 33; well, tap water, 14; sputa, 42; faeces, 58; rectal swabs, 578. Miscellaneous : faeces for occult blood and microscopical, 19; histological sections, 18; vaccine, 1; Lowenstein-Jensen cultures for t.b., 108; stomach contents, 5; animal inoculations, 22; autopsies, 33.

Dysentery.—There was only 1 case early in the year, in C Ward. The search for carriers was continued in Wards C and M.1, where acute cases had occurred previously; all patients on dysentery cards were also examined. All the results proved negative.

Typhoid.—There were no cases during this year.

A micro-Widal test is performed on all new admissions; there were three positives, but the urine and faeces proved negative in each case.

Milk Examination.—The inoculation test for tuberculosis was positive on only 1 occasion; further examinations revealed the cow responsible.

The Kahn Reaction.—This test for syphilis has been introduced as a routine for all new admissions, in addition to the micro-Meinicke test.

Nearly 200 tests were performed during the year; of 22 positives, 21 also gave a positive W.R., and 1 a doubtful W.R., and 1 doubtful Kahn gave a negative W.R.

B.—*Investigation of Serum Calcium in the Psychoses.*—By Dr. I. ATKIN, D.P.M.

For this purpose 160 patients were selected, most of them recent admissions, who were free from any physical illness which might influence the level of the blood calcium. The technique utilised (Kramer and Tisdall) was tested and found to have an average error of -1.28 per cent.

The tabulated figures read as follows :—

Type of Psychosis.				Number of Cases.	Range.	Average.
Schizophrenic	...	...	...	70	9.0–12.1	10.48
Melancholic	...	...	...	47	8.2–11.4	10.07
Manic	...	...	...	13	9.6–11.8	10.55
Epileptic	...	...	...	15	9.9–11.9	10.98
Dementia Paralytica	...	...	...	15	8.2–11.0	9.67

The main conclusions arrived at were :—

(i) There is a tendency for higher values in early schizophrenic states.

(ii) There is a parallel relation between the emotional tone and the blood calcium level, lower figures being associated with depressed phases and higher with elated phases. On several occasions this was confirmed by a serial investigation in a particular case, of which the following are two examples :—

Depressed Phase.				Lucid Phase.			
F. C.	...	12.2.36	...	9.1	20.3.36	...	10.2
A. J. M.	...	1.5.36	...	9.75	27.8.36	...	10.4

(iii) In the epileptic psychoses the blood calcium tends to higher values. How far the epilepsy itself and/or the type of accompanying psychosis contributes to this, is difficult to say.

(iv) Average values are found in dementia paralytica.

C.—*Publication.*

“Treatment of the Epilepsies.” By I. ATKIN, M.D., D.P.M.(Lond.).—(*The Medical Press and Circular*, October 21st, 1936.)

XXXIV.—FROM THE HEREFORD COUNTY AND CITY MENTAL HOSPITAL.

Pathological and Clinical Report.—By Dr. G. W. T. H. FLEMING, D.P.M., Medical Superintendent.

During the year 1936 the usual routine laboratory work has been carried out and 1,401 examinations were made :—

Urine : routine chemical, 328; microscopical, 114; sugar estimations and tests for ketones, 32; phenylpyruvic acid tests, 29; bacteriological, 10; miscellaneous, 10. Faeces : bacteriological examinations for enteric group and other

pathogens, 152. Blood: Wassermann (Birmingham University), 10; Meinicke, 93; agglutination reactions, 151; culture, 6; sugar, 13; urea, 6; calcium, 7; haemoglobin and colour index, 49; red cell count, 49; white cell count, 50; differential count, 47; Schilling index, 47; miscellaneous, 6. C.s.f.: Meinicke, 12; Lange, 12; gum mastic, 12; cell count, 13; protein, 12; Pandy, 12; Nonne Apelt, 12; chlorides, 6; sugar, 6; miscellaneous 2. Bacteriological: swabs, 25; water, 6. Vaccines (bottles containing 30 c.cs. each), 11. Histological sections, 31. Post-mortem examinations, 20 (57 per cent. of deaths).

Typhoid Carriers.—No new carriers have been discovered, and of those who were originally regarded as such, 3 have given persistently negative results from their faeces. After a further 10 negative reports it is proposed to regard these as no longer carriers.

Vitamin C.—Work has been carried out in the laboratory on the estimation of ascorbic acid in the urine and a preliminary report drawn up. It was soon found that the existing method (January 1936) was unreliable owing to the difficulty in preserving ascorbic acid. It was found that dilute sulphuric acid was of no use as a preservative of ascorbic acid. Pure ascorbic acid in the presence of urine and sulphuric acid is destroyed while the reducing substance in urine assumed to be ascorbic acid is preserved by sulphuric acid of the same strength. The loss of reducing substance in lemon juice when kept for 24 hours in 1 per cent. sulphuric acid is 100 per cent. The possible presence of traces of copper in the distilled water or sulphuric acid acting as a catalyst has nothing to do with it, as if present it must be present in both cases as the same water and sulphuric acid was used. As to whether the reducing substance present in urine is really ascorbic acid remains an open question.

Benzedrine.—This drug which has recently come into prominence in the popular press in America under the caption of "Pep Pills" has been used and is being used in a number of cases of depression. One male case who had previously been refusing food, immediately started eating ravenously and put on weight, at the same time there was a steady improvement in his mental condition and finally he discharged himself. It is too early to quote results with other cases.

Photodyn.—This drug usually combined with ultra-violet light was used in cases of depression but without any obvious improvement in any of the cases tried.

Acetyl-Choline and Ephedrine.—One patient, a chronic mania, who had been ill for some 3 years and had been in a terribly emaciated state made a complete recovery under treatment with injections of acetyl-choline followed by ephedrine tablets when she was much better. Another relapsing case of mania remained well some six months past the time an attack was due by being given ephedrine tablets. There appears to be a definite use for ephedrine as a prophylactic in relapsing cases of mania.

Encephalograms.—Encephalography was carried out in 2 cases. One was a case of cerebral tumour and the other was diagnosed as epilepsy. The latter showed some improvement after the injection of air both in the number and severity of fits.

XXXV.—FROM THE HERTFORDSHIRE COUNTY MENTAL HOSPITAL, HILL END, ST. ALBANS.

Laboratory Report.—By Dr. W. J. T. KIMBER, D.P.M., Medical Superintendent, and Dr. A. MARGARET McGRATH, D.P.M., Pathologist.

The total number of examinations made during the year was 6,696, of which 1,735 were for the hospital and 4,961 for the County Medical Officer of Health, Local Authorities and private practitioners. This is an increase of 6 per cent. on the work of last year.

In the later part of the year the Meinicke test for the diagnosis of syphilis was taken up and all sera are now examined by this test as well as the Wassermann reaction. It has proved very useful in the cases of mental deficient where the W.R. is apt to be unreliable in congenital cases. It has also helped in several other cases of "doubtful" W.R.'s. The technique employed has been that in use at the Maudsley Hospital. The test is simple, takes up little time and, if the conditions are carefully maintained, is easily read. In this laboratory it is greatly preferred to the Kahn test. We have to thank the workers in the Maudsley Hospital Laboratory for much help and assistance in this matter.

Towards the end of the year the estimation of the bromide content of the blood of some old and some newly admitted patients has been undertaken, but it is too early to comment on the results.

They have, however, proved interesting and instructive.

Summary of work undertaken for the hospital during the year :—

Blood : blood counts, 105; urea content, 35; sugar tolerance curves, 7; bromide content, 3; Van den Bergh, 3; icteric index, 1; Widal, 1; Wassermann reaction, 265; Meinicke reaction, 71; fragility of R.B.C., 1; slides for malaria, 8. C.s.f. : routine (including Lange), 28; Wassermann reaction, 26; other examinations, 7. Cultures : throat, 24; others, 5. Urine : routine, 319; simple chemical other than routine, 397; sugar percentage, 105; microscopy and/or culture, 82; for T.B., 2. Stools : for T.B., 47; occult blood, 2; cultures, 68. Sputum : for T.B., 20; for other organisms, 3. Smears for organisms, 24. Milk : bacteriology, 22. Vaccines prepared, 2. Hairs : for ringworm, 3. Post-mortem specimens examined, 2. Autopsies, 46 (60·5 per cent. of deaths). Gastric test meal, 1.

Summary of work undertaken for the County Medical Officer of Health and other outside authorities :—

Sputa : for T.B. (16·6 per cent. positive), 1,322; for organisms other than T.B., 18. Swabs : For K.L.B. (8·6 per cent. positive), 750; for haemolytic streptococci (12 per cent. positive), 175; for other organisms, 60. Milks (for grading) : accredited (88 per cent. conformed to standard), 1080; pasteurised, 23; ordinary, 88; school, 96; phosphatase, 4; for T.B. (microscopy), 226; for T.B. (biological test), 41; human milk for organisms, 2. Urine : routine, 4; microscopy, 73; culture, 47; for T.B., 19; diastase content, 1; for urea percentage, 7; for urea concentration test, 3; for sugar percentage, 12; simple chemical other than routine, 10; for urea clearance test, 7. Faeces : for culture, 18; for T.B., 11; for occult blood, 27; for worms, 2; for fat content, 1. Pus : for organisms and culture, 21. Smears : for organisms, 46. Blood : blood counts, 69; platelet count, 1; blood phosphorous, 1; for culture, 6; urea content, 36; sugar content (single specimens), 32; sedimentation rate, 1; blood calcium content, 1; Wassermann reaction, 209; Kahn reaction, 21; Meinicke reaction, 154; complement fixation test for G.C., 3; Widal, 29; malaria, 2; Van den Bergh, 1; fragility of R.B.C., 1. Pleural and other fluids for examination, 43. C.s.f. : for cells, Lange, etc., 30; for W.R., 8; for T.B., 16; for culture, 22; for sugar, 3; urea, 1; chlorides, 13; microscopy, 4. Hair : for ringworm, 2. Vaccines prepared, 7. Sections, 16. Guinea pig inoculations : for T.B. (other than milk samples), 2; for virulence test for K.L.B., 4. Water : for chemical examination, 12; for bacteriological examination, 10. Food : for poisoning, 3. Semen : for examination, 1. Test meals, 3.

XXXVI.—FROM THE LINCOLNSHIRE COUNTY MENTAL HOSPITAL, BRACEBRIDGE.

Laboratory Report.—Communicated by the Medical Superintendent.

The following is a summary of the routine laboratory work carried out during the year :—

Urines : routine, 620. Faeces : occult blood, 3; bile pigment, 1. Blood : counts, 21; sugar tolerance, 2; Van den Bergh, 3; urea and N.P.N., 2. C.s.f. : Lange's colloidal gold reaction, Nonne Apelt tests, quantitative estimation albumin, cell count, 18. Bacteriological : urine, 5; faeces, 68; sputum examinations, 7;

pus, 13; throat swabs, 73; blood, 2; vaccine preparations, 3. Widal's, 264. Hairs: for ringworms, 1. Histological: 96 sections cut, stained and mounted; Pathological specimens fixed and permanently mounted, 8. Post-mortem examinations, 63 (65 per cent. of deaths).

X-Ray Plant. X-Ray Examinations—180 cases.

XXXVII.—FROM THE KESTIVEN AND SOKE OF PETERBOROUGH MENTAL HOSPITAL, RAUCEBY, SLEAFORD.

Laboratory Report.—Communicated by the Medical Superintendent.

The following is a summary of the routine laboratory work carried out during the year:—

Urines: routine, 682; special, including bacteriological and urea concentration tests, 4. Faeces: bacteriological, 61; occult blood: 3. Blood: cultures, 2; differential, 5; counts, 5; sugar estimations, 5; glucose tolerance test, 1; laevulose tolerance test, 1; Blood sera for reactions: Wassermann, 85; Widal, 8; Kahn, 1; malarial films, 2. C.s.f.: complete examination, 10; cell count, 1; globulin, 1; gold curve, 1. Bacteriological: Swabs and cultures, 8; scrapings from skin for culture, 3. Organs cut and stained, 9. Post-mortem examinations, 22 (59·4 per cent. of deaths).

XXXVIII.—FROM THE MIDDLESEX COUNTY MENTAL HOSPITAL, NAPSURY, ST. ALBANS.

Report of the Pathological Department.—Communicated by Dr. A. O'NEILL, O.B.E., Medical Superintendent.

Routine Investigations.

The following routine investigations were carried out during the year:—

Blood: Arneth count, 1; calcium, 1; complete count, 59; fragility of reds, 2; Fouchet's reaction, 5; haemoglobin, estimation only, 4; Meulengracht's index, 5; phosphorus, 1; reticulocyte count, 29; sedimentation rate, 3; sugar, 1; urea, 13; Van den Bergh's reaction, 5; white cell count, 6. C.s.f.: routine examination, 36. Urine: acetone, 71; quantitative estimation of albumen, 4; diastase, 2; routine, 1,053; urea, 6; urobilin, 6; Van Slyke's urea clearance test, 2. Stool: occult blood, 12; routine, 15; Triboulet's test, 20. Miscellaneous: effusions, 6; fractional test meal, 1; scrapings, 6. Bacteriology: agglutination tests, 57; cultures—blood, 1; miscellaneous, 26; stool, 134; urine, 158; throat swabs, 322; T.B.—effusions, 7; stools, 44; sputa, 61; urine, 1; virulence test, 2. Morbid anatomy: biopsies, 5; histological examination of post-mortem material, 438. Post-mortem examinations, 94 (97·9 per cent. of deaths).

Autopsies.

The following cases are deemed of sufficient interest to warrant recording in brief:—

Juvenile General Paresis: gangrene of toes: pulmonary tuberculosis (6583/NG9).—A female, aged 22, was admitted to hospital on November 19th, 1935, on account of incoherence of speech. She had worked as a factory hand until recently, when it was noticed that she was becoming strange in manner and silly in her behaviour.

On examination, she was small in build, under-nourished, with a distinctly slurred speech. The pupils were slightly irregular in size and did not react to light, but there was some contraction on accommodation. Otherwise positive signs in the central nervous system were absent. The skull and profile did not suggest congenital syphilis but Hutchinson's teeth were present. She was excitable, restless, noisy and rather resistive, and talked continuously in a confused and incoherent manner. It was impossible to hold any conversation with her. The blood Wassermann and Meinicke reactions were strong positive. The cerebral spinal fluid showed a total protein of 0·05 per cent.; globulin, moderate excess; Lange, 4,444,432,100; and Wassermann and Meinicke reactions, strong positive.

She remained in this condition and was treated with intravenous T.A.B. and N.A.B. On the 24th March, 1936, it was noticed that the toes of both feet showed a change in colour, becoming black within a few days and leaving a bleeding ulcerated surface, which, however, did not spread but showed a tendency to heal, only to break down again. The urine was examined spectroscopically, but no evidence of porphyrin could be obtained. The Van den Bergh and Fouchet reactions were negative, and Meulengracht's Icterus Index was within normal limits as was the Sedimentation Rate. The blood count was normal in all respects.

She gradually lost weight and died on November 13th, 1936.

At *post-mortem*, active tuberculous lesions of the miliary fibroexudative type, some of them with commencing caseation, were found in both lungs, the primary focus apparently being at the left apex. The brain was small, weighing 950 grammes only. It showed all the changes characteristic of Congenital G.P.I., including paucity of ganglion cells, diffuse gliosis and mesoblastic reaction. The operculum was very atrophic. The cerebellum was small and was particularly deficient in the molecular layer.

Commentary.—The interest of the case is the association of the gangrenous condition of the toes with congenital general paresis. The aetiology of the former is a little uncertain, for the peripheral blood vessels were healthy; it is possible that the primary condition was a low-grade streptococcal infection and healing was delayed by reason of the underlying constitutional disease.

Toxic-exhaustive psychosis of lactation : pulmonary and renal tuberculosis : syphilis : secondary anaemia (6823/NG14).—A female, aged 39, was admitted to hospital on October 8th, 1936, as a temporary patient, on account of symptoms of confusion and mania. She was a married woman with 4 children, 3 alive, the last one being born a few weeks prior to admission. The confinement was normal in all respects and for several days the infant was fed at the breast until suddenly the patient developed symptoms of mental instability.

On examination she was excitable, talkative and overactive, exhibiting confusion and a flight of ideas. To every question she would answer "check." She was anaemic, the haemoglobin being 60 per cent.; R.B.Cs. 3,820,000; Colour Index 0·8 and W.B.Cs. 4,200; of which 58 per cent. were polymorphonuclear leucocytes. Otherwise physical examination was negative. The blood Wassermann and Meinicke reactions were strongly positive. The cerebro-spinal fluid was normal in all respects.

Ten days after admission it was noted that the abdomen was becoming distended, although no localised swelling could be palpated. On November 5th, 1936, a cough developed and it was thought that there were some signs of active disease of the lungs on both sides. The sputum and stools, however, were negative when examined for tubercle bacilli. The urine contained a heavy cloud of albumin, a large number of pus cells and a few hyaline and granular casts; culture was negative. Four days later there was a small haemoptysis. Loss of weight became noticeable and there was much irregular fever. She died on November 27th, 1936.

At *post-mortem* a massive tuberculous pyonephrosis was found on the left side, with very little surviving renal tissue. The right kidney showed numerous minute deep-seated subcapsular tubercles. The lungs showed numerous tuberculous cavities, especially on the right side with evidence of recent dissemination of small fibrocaseous tubercles giving rise to consolidation of the whole of the right lung. The brain, which weighed 1,310 grammes and appeared normal to the naked eye, was examined for evidence of neurosyphilis, but no positive evidence of this was found.

Commentary.—This case illustrates the need for careful investigation of any toxic-infective psychosis. An apparent aetiological factor was lactation

and the secondary anaemia may well have been attributed to an abnormal puerperium. Additional factors, however, in this case were syphilis and tuberculosis, the latter being so commonly a sequel of the former and tending to flare up later on in pregnancy or soon after the puerperium.

Congestive failure : auricular fibrillation : femoral embolism (6700/NF179).—A female, aged 66, married, was admitted to hospital on March 20th, 1936, with symptoms of depression. The illness had commenced recently in an insidious way with mental confusion, restlessness, agitation and depression. She was, at times, disorientated as to time and place, but showed no obvious loss of memory.

On examination it was found that there was an enlarged and dilated heart with auricular fibrillation. She remained in the same condition mentally until May 12th, 1936, when, in spite of treatment, the heart failure became progressive.

The white cell count was 19,000, with a definite polymorphonuclear leucocytosis. The congestive symptoms increased until a few days before death when the left foot swelled and quickly became gangrenous. Death took place on May 16th, 1936.

At *post-mortem* there was found an extreme degree of mitral stenosis with hypertrophy of the right auricle and ventricle and great dilation of the left auricle, a large partially organised thrombus being adherent to the wall. One old-standing infarct was found towards the lower pole of the spleen and another in the left kidney.

The gangrene of the left leg had been due to a large embolus blocking the femoral artery to the level of Poupart's ligament.

Commentary.—In this case the mental symptoms could be attributed to the cardiac failure, and improvement in the one was associated with a corresponding improvement in the latter.

Rupture of gall bladder : generalized aseptic peritonitis : Carcinoma of ampulla of Vater : Cholangiectasis (404/NF157).—A female, in 1936 aged 75, was admitted to hospital on October 7th, 1905, with the symptoms of Schizophrenia. She remained in good health until January 28th, 1936, when it was noticed that she was becoming jaundiced. Examination of the belly did not reveal any enlargement of the liver or gall bladder, or any localized swelling. Bile pigments were present in the urine, but not bile salts. Occult blood was present in the stools. A few days later the abdomen began to distend and it was thought that there was definite enlargement of the liver. This was followed by the appearance of tarry stools and progressive weakness. Death occurred on February 16th, 1936.

At *post-mortem* the peritoneal cavity was found to contain a considerable quantity of free bile, the tip of the gall bladder having ruptured. There was a hard mass in relation to the ampulla of Vater, and distinct from the head of the pancreas which, however, was firm and indurated in parts. The mass was hard, fairly discreet and about 20 mms. in diameter, and it had invaded the wall of the duodenum. The hepatic ducts were dilated, particularly in the lower part of the liver. There were several metastases under the capsule of the liver. Secondary deposits were also found in the lungs, mostly sub-pleural and tending to occur in the upper lobes for the most part. No stones were found in the gall bladder.

Commentary.—This case is recorded because, whilst the clinical history and the pathological sequence are typically those of Carcinoma of the ampulla of Vater, the post-mortem findings are unusual.

Acute Rheumatic fever with chorea and delirious mania : lobar pneumonia (4523/NF44).—A male, aged 19, was admitted to hospital on December 20th, 1935, in a state of restlessness, resistiveness and confusion. There had been no previous history of mental disorder. On examination he looked ill and

pale, with a temperature of 98.6° and a pulse rate of 92. There was some dilation of the heart to the left with a late systolic bruit at the apex. He was mentally confused and violent in his behaviour, resisting examination.

Two days after admission he became very restless with marked choreiform movements of all limbs. He was so violent and excited that, in spite of sedatives, it was necessary to place him in a padded room.

There was low-grade fever throughout the illness and on December 31st, 1935, signs of pneumonia were found. Death occurred the same day.

At *post-mortem* there were signs of active rheumatic pancarditis with recent vegetations on the mitral valve, together with extensive red hepatisation of both lower lobes of the lungs.

Commentary.—Acute rheumatism with mental symptoms as fulminating as the above is rare. The mental symptoms are undoubtedly an expression of involvement of the cerebrum by the rheumatic infection, the choreiform movements being due to the same cause. There is a possibility that the pulmonary complication was rheumatic pneumonia, but histological studies were not undertaken.

Tuberculous retrogastric lymph nodes with sinus into stomach (3214/NF145).—A male, aged 68, had been in hospital for ten years on account of Involutional Melancholia. The illness was characterized mentally by agitation and physically by gradual loss of weight, attributed in part to tuberculous glands in the neck and also to his lack of desire to take food. He became more and more feeble and died on January 2nd, 1936.

At *post-mortem* there was found a small patch of semi-quiescent practically fibrosed tuberculosis at the right apex, together with an enlarged tuberculous gland lying behind the stomach and communicating into its posterior wall by means of a small sinus. There was no true ulceration of the stomach. There were soft tuberculous glands in the posterior triangle with a discharging sinus, on each side of the neck.

Commentary :—The discharge of a tuberculous retrogastric lymph node into the stomach is unusual, and it is for this reason that the case is recorded.

Cerebral arteriopathy with spastic paraplegia. (4467/NF187.)—A male, aged 53, general labourer, single, was admitted to hospital on July 31st, 1935, on account of mental confusion of short duration, having previously always been healthy. On examination, he was a tall, well built man with rather a ruddy complexion. The heart and blood vessels were normal in all respects and the blood pressure was 119/82. There was no clinical evidence of syphilis although in a subsequent lucid interval he claimed to have contracted the infection in 1901. The gait was unsteady, but all reflexes were normal and the pupils were equal in size and reacted normally to light and on accommodation. The Wassermann and Meinicke reactions were negative. Examination of the cerebral spinal fluid showed 2 cells per c.m.m.; total protein, 0.06 per cent.; globulin, negative to both Nonne-Apelt and Pandy reactions; Lange's gold curve, 1112110000; Wassermann, negative. The blood count was normal in all respects. As the mental confusion subsided, it was noticed that his limbs, and in particular the lower, were becoming spastic. He complained of periodic left frontal headaches, but there was no evidence of increase in intracranial pressure.

A second lumbar puncture was performed a fortnight later. It showed a total protein of 0.09 per cent.; a faint detectable trace of Globulin by the Pandy test, the Nonne-Apelt test being negative: Lange's gold curve, 1222110000; Chlorides, 0.744 per cent.; and Sugar, normal reduction.

During his stay in hospital he had periods of confusion, lasting for a few hours to several days on end and coming on for no apparent reason. Except when in a state of confusion he retained good insight into his condition until the end, never at any time exhibiting progressive symptoms of dementia or any real impairment of memory. At no time did he show papilloedema.

Acute Bronchitis and congestion of the lungs supervened and he died on June 9th, 1936.

At *post-mortem* the brain weighed 1,320 grammes. No unusual features were to be noted on naked-eye examination of the surface and the basal vessels did not appear to be unduly thickened. On section, no evidence of tumour could be found and the white matter and basal ganglia appeared normal in all respects.

Histological examination, which was unfortunately incompletely carried out owing to lack of time, showed numerous foci of perivascular gliosis of the smaller vessels of the cortex and white matter.

Commentary :—This is an interesting example of cerebral arteriopathy characterized by spastic paraplegia and attacks of mental confusion. When first seen the history and appearance suggested the possibility of a cerebral tumour and particularly, in view of the rapid onset of confusional symptoms, multiple secondary carcinoma from some focus elsewhere in the body. The cerebrospinal fluid results did not help in the differential diagnosis from cerebral arteriopathy. However, as time went on it became more and more evident that the symptoms approximated to those of some vascular disorder of the brain. Interesting features were the occurrence of several attacks of mental confusion of short duration resembling in some way the phases of "hypertensive encephalopathy," the retention of insight during the lucid intervals, which is a point of considerable help in the diagnosis of cerebral arteriopathy, and the absence of any noticeable degree of dementia.

General paresis: cellulitis of scalp: "Simple" ulcer in jejunum. (1748/NF202.)—A male, aged 48, was admitted to hospital on February 19th 1931, with general paresis. Clinically, there was nothing unusual about this case except for the length of the illness, which took 23 years to run its course. On July 10th 1936, he banged his head against a radiator and this was followed by cellulitis of the scalp. Death occurred seven weeks later.

At *post-mortem* he was found to have an extensive cellulitis of the scalp with osteitis and necrosis of the underlying bone and thrombosis of the superior sagittal sinus.

The brain, both naked-eye and histologically, was typically that of syphilitic meningoencephalitis. In addition there was a syphilitic carditis, with a dilated and calcified aortic ring and a large aneurysm of the first part of the aorta, the rest of which showed an extensive and patchy sclerosis. The coronary vessels were thickened and calcified in parts. Towards the caudal end of the jejunum there was a small circular ulcer, about 18 mms. in diameter, the walls of which were not particularly indurated, although it could be felt from the peritoneal surface. It in no way resembled a tuberculous ulcer.

Commentary :—The extensive and disastrous effects in a syphilitic of what was, in fact, quite trivial trauma are well illustrated in this case. The cellulitis was a subacute affair and the serious feature was the accompanying osteitis and rarefaction of the skull, undoubtedly the result, in part, of the underlying syphilis, the extent of which, in this case, is well shown by the severe degree of meningoencephalitis in association with a carditis and fairly general arteritis.

Septic endocarditis. (6208/NF169.)—A female, aged 55, was admitted to hospital on September 29th, 1933, with the diagnosis of Melancholia. Mentally she was apprehensive, agitated and depressed, being in a continual state of fear and declaring that she was to be boiled alive and taken away in an aeroplane, put in a sack and tortured by black men. She admitted to hearing voices which accused her of committing various crimes. It was not possible to obtain a satisfactory history, so that the duration of the mental illness is uncertain.

On examination she was found to have an enlarged heart, with a forcible apex beat and an aortic diastolic bruit. The blood Wassermann reaction was negative. On June 21st, 1934, she had an epileptiform seizure followed by a transient right hemiparesis. She ran a low grade fever and became ill with symptoms of heart failure and died on March 30th, 1936.

At *post-mortem*, the pericardium was found to be thickened and adherent to the whole heart. The mitral valve was deformed by reason of a hard adherent vegetation which had ulcerated in parts. A few vegetations were present on the chordae tendinae. The heart muscle was pale and soft, the auricles being dilated but not hypertrophied. There was some atheroma and incompetence of the aortic valve with slight contraction of the ring.

Numerous infarcts were found in the kidneys and spleen, and there were recent petechiae on the palpebral conjunctivae and also a small mycotic aneurysm on the left ovarian artery. There was no clubbing of the fingers or toes. In addition there were tuberculous foci at both apices, the right calcified, but the left a little softer suggesting a semi-quiescent lesion. Near the latter was a bronchiectatic area with two small localized dilatations containing a thick creamy pus: there was much peribronchial thickening and the appearances suggested a smouldering tuberculous focus.

Commentary :—The association of septic endocarditis with a smouldering tuberculosis is interesting, but there was nothing to suggest that the responsible organism was other than a lowgrade streptococcus. The history is not sufficiently detailed to allow of one suggesting association between the mental symptoms and the chronic endocarditis.

Melancholia : secondary pellagra : Morgan's bacillus No. 1. (6645/NG1.)—A female, aged 49, was admitted to hospital on December 21st, 1935, with a history of two months mental disorder. She was depressed, miserable and lachrymose, and had a delusion that her daughter could read her thoughts. She complained of peculiar smells and tastes. On admission she weighed 9 st. 6 lbs., and there was no evidence of any organic disease. The blood Wassermann was negative. She was certified "Melancholia" and she remained in the same mental condition, except for periods of agitation, but gradually losing weight and getting more and more difficult with her food, until March 16th, 1936, when she became stuporose, resistive and confused. On April 2nd, 1936, it was noticed that she had incipient secondary pellagra, there being well defined lesions round the wrists, ankles and mouth. Her body weight had fallen to under 7 st. and there were occasional bouts of diarrhoea. She improved considerably on a special diet.

On June 3rd, 1936, when the patient was recovering well and after repeated examination of the stools, Morgan's bacillus No. 1 was isolated. Gradually the diarrhoea cleared up and she remained in good health for several weeks. Signs of Bronchitis developed, however, and she died on October 15th, 1936.

At *post-mortem* no evidence of pellagra was to be found, the only definite lesion being acute bronchitis and myocardial degeneration. The stomach and intestines appeared normal and there was no evidence of ulceration.

Commentary :—This case is mentioned, firstly, because of the development of secondary pellagra which responded well to treatment and cleared up, and secondly, because of the association of Morgan's bacillus No. 1 with the symptoms of pellagra.

Sudden death : ambulatory lobar pneumonia. (626/NG23.)—A male, aged 46, had been in hospital with the diagnosis of Idiocy and Epilepsy since the age of 17, having been admitted on April 18th, 1907.

He remained in good health and on the day before death went for a walk with other patients. He was last seen alive and apparently quite well at 5.30 a.m. on the day of death when he awoke and got out of bed. He went back to bed again and died suddenly in his sleep at 6.10 a.m., not having had any fit.

At *autopsy* a most extensive lobar pneumonia was found, the whole of the right lung and the lower lobe on the left side being in a stage of red hepatitis, going on in some places to grey hepatitis and abscess formation.

Commentary :—It is difficult to believe that the pneumonia process was less than three days old and yet the patient was in every way free from symptoms, in spite of the extent of the disease.

Depression : Chronic Interstitial Myocarditis due to Coronary Arteriosclerosis. (4504/NF158.)—A male, aged 57, married, a merchant, was admitted to hospital on October 26th, 1935, on account of symptoms of Melancholia of 2 months' duration.

He was depressed and restless, but complained of no pain or disability. He showed some anxiety, but no retardation, delusions or hallucinations. No organic signs of disease were found. The blood Wassermann reaction was negative. On February 10th, 1936, he had oedema of the feet. A week later he collapsed in a fit and a few hours afterwards had epistaxis. He improved for a while but death occurred suddenly nine days later.

Autopsy revealed acute oedema of the lungs : a small heart with muscle generally soft, but with interstitial fibrosis in many places, particularly in the left ventricle. The coronary arteries were greatly and irregularly thickened, the lumen being practically obliterated in parts.

Commentary :—This case is recorded because it is an example of depression being associated with active coronary artery disease and chronic interstitial thickening of the myocardium, although the underlying disease was in every way symptomless.

Alzheimer's disease. (607/NG6.)—A female, aged 59, was admitted to hospital on March 31st, 1936, with three weeks' history of confusion, disorientation, visual hallucinations, depression, incoherence and resistiveness, and a defective memory.

She was a small ill-nourished woman, but not older than her years. Physical examination, including the central nervous system, was negative. Mentally she was decidedly retarded and could only answer the simplest questions. She was restless and agitated in the ward, believing that the nurses were injuring the other patients. The blood Wassermann reaction was negative.

She became rapidly weaker and very demented, and died on November 9th, 1936.

At *post-mortem*, nothing unusual was found, except for a small degenerated heart, congestion of the lungs and kidneys, which were small and rather contracted with an increase of intrapelvic fat. The brain weighed 1,170 grammes and showed wasting of the frontal lobes, more especially of the anterior ends of the middle and inferior frontal gyri. Histologically, it proved a case of Alzheimer's Disease, showing, in silver preparations, the Redlich-Fischer plaques in great numbers and the neurofibrillary change of Alzheimer. In particular, the cornu Ammonis and the frontal cortex showed these changes well.

Commentary :—This case is being described elsewhere in greater detail. The history is unusually rapid, and the histological changes suggest this, but there is little doubt about the diagnosis, for the symptomatology was classical.

Sudden death : rupture of first part of aorta : haemopericardium. (6536/NF183.)—A female, aged 67, was admitted to hospital on May 8th, 1935, on account of Paraphrenia.

On physical examination no gross lesion was to be found, apart from bi-lateral cataract. She remained in good health until the morning of May 29th, 1936, when she fell dead on getting out of bed.

At *post-mortem* a rupture was found in the first part of the aorta in the form of a small tear, 15 mms. in length, in the axis of the ascending aorta to the right of the anterior wall. There had been an extensive bleeding into the pericardial sac. The aorta itself showed much scarring, and, in places, calcification: there was a slight aneurysmal dilatation at the point of rupture.

The heart was hypertrophied, especially the left ventricle, but the valves were all healthy. There was generalized arterio-sclerosis, including the cerebral vessels. The lungs showed an acute oedema.

Commentary :—Rupture of the aorta is an unusual accident, and cases of it have been reported recently. The predisposing disease which gave rise to the tear was arteriosclerosis.

Carcinoma of lung: leucoerythroblastic anaemia. (2639/NG15.)—A male, aged 67, bricklayer, was admitted to hospital 15 years ago on account of delusional insanity.

He remained in fair health, still retaining delusions of persecution and being, at times, hypomanic, until October 14th, 1936, when he had coryza. The temperature remained irregular for several days and was accompanied by a troublesome nonproductive cough. He became weak and a blood count on October 28th, 1936, revealed a haemoglobin of 60 per cent., R.B.Cs., 2,320,000; C.I. 1·3, W.B.Cs., 2,600 (eosinophils, nil; basophils, 0·5 per cent.; banded polymorphs, 1·5 per cent.; multilobed polymorphs, 24·0 per cent.; large lymphocytes, 13·0 per cent.; small lymphocytes, 56·5 per cent.; monocytes, 4·5 per cent.) moderate anisocytosis and some degree of polychromasia: 1 megaloblast and 1 normoblast were seen in counting 200 whites: reticulocytes, 0·4 per cent. A few days later it was noticed that he had a septic mouth. Vincent organisms were not found. Sputum appeared, which was bloodstained on a few occasions. The maximum reticulocyte response after parenteral liver therapy was 1·7 per cent., so the possibility of a new growth was entertained. Physical signs amounting to increased fremitus and fine and medium rales were present at the angle of the right scapula. Later, at this point, a dull note was obtained to percussion and paracentesis produced a slightly viscid and faintly smoky but opalescent fluid which contained 3,652 cells per cmm. of which 12·5 per cent. were of an unusual type and possibly carcinomatous.

The blood count on November 13th, 1936, showed haemoglobin, 36 per cent., R.B.Cs., 1,250,000; C.I. 1·4; W.B.Cs., 2,200; (metamyelocytes 1·5 per cent.; banded polymorphs, 0·5 per cent., multilobed polymorphs, 84·0 per cent.; large lymphocytes, 0·5 per cent.; small lymphocytes, 11·5 per cent.; monocytes, 2·0 per cent.) moderate anisocytosis with well filled macrocytes predominating: 1 primary erythroblast and 3 normoblasts were found.

A diagnosis was made of leucoerythroblastic anaemia, secondary to carcinoma of the lung.

Death occurred on November 30th, 1936.

At *autopsy* the right lung was found to be adherent to the parietal pleura at the lower border of the upper lobe in the posterior axillary line, at which point the lymphatics were thickened by growth. A carcinoma of about 2 cms. in diameter was present at this level, lying just deep to the surface. It had invaded the lung tissue diffusely for a considerable distance and there was a small broken area between it and the patch of pleurisy, already described. The lower lobe showed a patchy pneumonic consolidation, with a certain amount of carnification (? malignant infiltration) in the upper part.

The hilum lymph nodes were enlarged and full of neoplasm. There were secondary nodules on the visceral pleura of the left lower lobe posteriorly.

A few deposits were found on the left lobe of the liver and there was a surface spread of growth throughout the capsule on the upper surface of the spleen. A few small metastases were present in the left kidney.

Commentary :—Histologically, the lung showed, in addition to the carcinoma, a state of chronic interstitial pneumonia, with round cells and plasma cells, suggesting the possibility of a previous syphilitic inflammation : on the other hand, there was a greater probability that the chronic inflammation represented a reaction to the advancing edge of neoplasm, for there was no other evidence either clinical or histological to suggest syphilis. Sections of the bone marrow revealed an intensely reactive condition, probably the result of the presence of metastatic carcinoma.

Marked Graves's disease : acute delirious mania. (6718/NF178.—A female, aged 62, was admitted to hospital on May 2nd, 1936. She was restless, noisy and talkative, and lay in bed singing, shouting and waving her arms about. The symptoms were said to have lasted 3 weeks in all. Physically she was well developed : her heart was of normal size, but there was a harsh systolic bruit heard equally well all over : the pulse rate when resting was 80. Eye signs were negative but there was a suggestion of a fine tremor of the outstretched hands. She developed pneumonia and died on May 15th, 1936.

At *post-mortem*, a large fleshy thyroid gland was found, which histologically resembled that of Graves's disease. The heart was small and the muscle pale and fatty and the lungs showed a patchy bronchopneumonia.

Commentary :—The occurrence of masked thyrotoxaemia over the age of 60 is not as unusual as is sometimes imagined and this case illustrates very well the need for considering the diagnosis in any confusional or maniacal state of sudden onset.

Acute septic endocarditis : bicuspid aortic valve. (4121/NF170.)—A female, aged 24, was admitted to hospital on May 18th, 1925, with the diagnosis of Imbecility.

It was noticed soon after admission that she had a marked aortic diastolic bruit. On April 3rd, 1936, she went to bed during an outbreak of Influenza, with symptoms suggestive of this infection. On April 8th, 1936, she died.

At *post-mortem*, the heart was found to be of normal size, with soft pale muscle. There were numerous epicardial petechiae. The aortic valves were bicuspid, several vegetations being adherent to the cusps at their junction. The mitral valve was practically destroyed by reason of ulceration and an extensive soft friable mass. The tricuspid valve had adhering to them a soft shaggy mass of bloodclot. Petechiae were present on the forehead, conjunctivae, wrists, fingers, ankles, toes, larynx, trachea, visceral and parietal pleura and visceral peritoneum. Recent infarcts were present in the lungs, spleen and kidneys. There was no clubbing of fingers or toes.

Commentary :—This case is included because of the frequency with which congenital abnormalities of the heart are followed sooner or later by a super-added infective condition. This particular infection, the casual organism of which proved to be a haemolytic streptococcus, was particularly virulent and destructive to the valves. The possibility of *Haemophilus influenza* being the primary cause of the infection was entertained but careful bacteriological and histological examinations did not succeed in finding it.

General Paralysis.

In the last 9 years, 88 male general paralytics have been treated by intravenous T.A.B. injections; 33 per cent. have been discharged, 54 per cent. have died and 13 per cent. have been transferred or are still in hospital.

XXXIX.—FROM THE MIDDLESEX COUNTY MENTAL HOSPITAL, SHENLEY,
ST. ALBANS.

Report of the Pathological Department.—Communicated by Dr. G. W. SHORE,
O.B.E., D.P.M., Medical Superintendent.

A.—*Routine Investigations.*

The following routine investigations were carried out during the year :—

Blood: Arneth count, 1; blood grouping, 1; calcium, 1; chlorides, 2; cholesterol, 2; coagulation time, 1; complete count, 48; Fouchet reaction, 6; fragility of reds, 2; haemoglobin estimation only, 1; Meulengracht's index, 6; nitrogen, 1; non-protein nitrogen, 1; parasites, 9; platelet count, 4; phosphatase, 7; protein, 1; protein nitrogen, 1; reticulocyte count, 13; sedimentation rate, 5; simple count, 4; sugar, 29; urea, 27; uric acid, 1; Van den Bergh's test, 6; white cell count, 3. C.s.f.: calcium, 1; chlorides, 3; differential cell count, 50; globulin, 81; sugar, 2; total protein, 44; urea, 3; Lange's gold curve, 46. Urine: acetone 83; quantitative estimation of albumen, 79; bile, 9; diastase, 7; indican, 1; routine, 389; urea, 22; urea concentration factor, 19; urobilin, 17; van Slyke's urea clearance test, 3. Stool: occult blood, 8; routine, 33; split fat, 1; Triboulet's test 2. Miscellaneous: effusions, 3; scrapings, 5; smears, 9. Bacteriological examinations: agglutination tests, 10; cultures—blood, 4; miscellaneous, 19; stool, 32; urine, 41; throat swabs, 8; tubercle bacilli—effusions, 2; stools, 22; sputa, 29; urine, 2; examination of tooth, 1. Serological examinations: Meinicke reaction (M.K.R.2), 829; Wassermann reaction, 914. Biological examination: Ascheim-Zondek, 1. Post-mortem examinations, 88 (77·8 per cent. of deaths).

B.—*Post-mortem Examinations.*

The following are of sufficient interest to record briefly :—

*Rt. Temporosphenoidal Astrocytoma: Negative Wassermann:
Positive M.K.R.2.*

982/SA.117, female, aged 50, was admitted to hospital on Jan. 21st, 1936, on account of headache and depression.

On examination she was a well preserved woman, showing little interest in her surroundings. She was distinctly retarded, answering questions only after a delay of several seconds. She complained of severe generalized headache and of pain in the abdomen. A history as to the duration of the symptoms was not obtained, but it was known that she had threatened suicide. The knee and ankle jerks were absent on both sides, the left plantar response being extensor and the right doubtful. The abdominal reflexes were absent. Early papilloedema was present on both sides. Soon after admission, vomiting commenced, and the patient became gradually comatose, with Cheyne-Stokes breathing, and a pulse rate of 52. The urine was normal in all respects, and the blood urea amounted to 35 mgms. per cent. The blood Wassermann was completely negative at 2 M.H.D., with no delay in the rate of haemolysis, but the M.K.R.2 was fairly strongly positive (+ + + -). Both tests were repeated with identical results.

Lumbar puncture was performed with great caution, and a small quantity of fluid removed under a pressure of 180 mm. The fluid was clear and colourless with 3 cells per c.mm., a total protein of 0·1 per cent., faint trace of globulin by the Pandy test, and Lange 1122110000. The Wassermann and M.K.R.2 reactions were completely negative, but the Meinicke and Hagen-Ambrock 1934 modification of the M.K.R.2 was a strong positive. Death occurred within a few days.

At *post mortem* a tumour was found in the right temporosphenoidal lobe roughly round in shape and about 145 mms. in diameter, emerging on the under surface of the brain and extending mesially so as to spread over the anterior border of the pons. It appeared to be well defined, compressing the underlying brain, and not filtrating it, but on the contrary being separated from it by a "pseudocapsule." The exposed under surface was slightly nodular, and at first sight simulated one of the cerebral convolutions, being

of the same colour. On mesial coronal section, the cut surface was slightly gritty with a few punctate haemorrhages. It was firm and uniform in consistency with no pseudocysts.

Histologically, it was an astrocytoma with many areas of commencing necrosis. Thin walled dilated vessels were present in numbers rather greater than is usual for this type of tumour, but there was none of the perivascular arrangement of the cells so typical of the astroblastoma. Moreover, the type cell, whilst typically neoplastic in the pleomorphism of its nuclear pattern, was nevertheless well differentiated and abundantly supplied with cytoplasmic processes, well seen in phosphotungstic acid preparations, and to a less extent in Cajals' gold sublimate impregnations.

Commentary.—The first impression gained of this patient was that she was a case of involutional Melancholia, the depression, retardation, and a tendency towards restlessness being typical. Indeed the headache and abdominal discomfort may well have been explained on the basis of hypochondriacal tendencies, had not the presence of abnormal findings in the central nervous system and the advent of vomiting suggested the existence of a cerebral tumour.

An interesting feature is the presence of a fairly strong positive M.K.R.2, and a negative Wassermann in the blood. In our experience it is distinctly unusual to meet with so decided a positive M.K.R.2 in the presence of a completely negative Wassermann. In this case there was nothing clinically or histologically in the brain to suggest syphilis, although the possibility of a gliomatous process supervening on a gummatous encephalitis was ever in mind. It is not unusual to meet with a weakly positive Wassermann, and a negative M.K.R.2 in a case which gives a past history of syphilis, and occasionally we have seen the advantage on the side of the M.K.R.2, but always the reactions have been weak. Moreover, the "modified" M.K.R.2 was positive, but the "original" M.K.R.2 and Wassermann were both completely negative in the cerebrospinal fluid. It has been our experience that the first of these is rather more reliable than the second, but that the last is decidedly more reliable than both.

Acute Schizophrenia : Subacute Nephritis.

470/SA.130, male, aged 20, was admitted to hospital on Jan. 15th, 1936, in a state of stupor.

On examination he was a well developed, but pale, youth, lying in bed in a stuporose condition, resisting attentions, and refusing all food. Often he would become restless, throwing himself out of bed. On being questioned he would stare uncomprehendingly and give no answer except on rare occasions when he would reply monosyllabically after a long delay. He was confused and appeared terrified.

It transpired that he was always a highly strung youth, but had been quite well until a few weeks before admission, when he developed delusions of unworthiness, became very religious, and claimed to see visions. About this time there was a history of sore throat. Routine examination of the urine on admission showed the presence of albuminuria, red corpuscles in small numbers, and occasional hyaline and granular casts. The specific gravity never went above 1020, but the colour was sufficiently deep to suggest that the kidneys still retained the power of concentrating the urine. The blood urea was 133 mgms. per cent. The blood Wassermann was very weakly, but consistently positive, although the M.K.R.2 was negative. There was no peeling to suggest scarlet fever.

About a week after admission to hospital he developed a profuse erythematous rash of the limbs and trunk. It occurred some hours after the administration of an enema. Sordes was present, but there was no faucial inflammation, and no rawness of the tongue. It was thought that this rash was due to the administration of the enema.

He remained in this alternating state of confusion and stupor with a low grade fever, seldom speaking, or paying any attention to his environment, until Feb. 19th, 1936, when another rash similar to the previous one followed the administration of an enema. A blood pressure taken about this time showed a systolic reading of 135, and a diastolic of 80 mms. The confusion and restlessness progressed, and it was with difficulty that he was tube-fed on account of the extreme resistiveness which he showed. The tongue became brown, and vomiting was frequent during the last week. Death occurred on March 8th, 1936.

A *post-mortem* examination confirmed the diagnosis of subacute nephritis and a terminal uraemia.

Commentary.—The interest of this case is the close association of the mental illness with the Bright's disease, the two having apparently begun at about the same time and progressed together. The mental picture amounted to more than the confusion which forms part of the uraemic symptomatology: it had many of the attributes of a true schizophrenia. Moreover, uraemia proper did not set in until the last three weeks of the illness. That schizophrenia may be ushered in during the course of a somatic illness is a well known fact, but the sudden appearance of a delusional and hallucinatory mental state early on in the course of acute nephritis before the advent of uraemia is unusual. The presence of a persistently weak positive Wassermann suggested the possibility of a congenital lues, but there was little support for this in the family history. The possibility of scarlet fever was entertained as the cause of the nephritis, but no evidence of this was found when the patient was examined on admission.

Meningovascular Syphilis : Multiple Subcortical infarction.

570/SA.172, male, aged 43, was admitted to hospital on Aug. 18th, 1936, on account of a confusional mental illness.

He had been in good health until 7 weeks before admission when he was sent home from work because he did not feel well. He was at home for some five weeks under the care of his doctor. He returned to work, but after a week was sent home again because he had been "acting very peculiarly." When at home he behaved in a childish way and talked in a strange manner. He spread boot polish on his children's bread, and tried to make them eat it. Enquiry into his past history showed that three months previously he had lost his memory for two days, and more recently had become careless about his personal appearance. His wife and two children were well.

On examination he appeared lost and confused, taking little notice of questions and being quite unable to converse. He was restless and resistive and gazed round him in a bewildered manner. He had a left-sided hemiplegia, and blood pressure of 135/100, and he was doubly incontinent. The blood Wassermann and Meinicke reactions were strongly positive. The cerebrospinal fluid was clear and colourless and contained six cells per c.mm., most of which were small lymphocytes: total protein 0.05 per cent., globulin slight excess, Lange 3322110000: Wassermann and M.K.R.2 weak positive reactions, Meinicke and Hagen-Ambrock modification, positive.

Four days after admission he became suddenly ill with a temperature of 101, a rapid pulse and a clouding of consciousness, and died two days later.

At *post-mortem* the brain was found to weigh 1,540 grammes. There was some milky white thickening and discolouration of the leptomeninges over the frontal lobes, but no apparent wasting of the underlying gyri. The basal vessels appeared healthy to the naked eye. Horizontal serial section of the brain revealed the presence of bilateral foci of softening in the region of the putamen, extending on the right side into the external capsule: in addition there were scattered foci of softening, mostly discrete in the subcortical

white matter and particularly anteriorly. Histologically the softened areas consisted of demyelinated patches with extensive reparative activities on the part of the mesoblastic elements, consequent upon endarteritis obliterans.

Commentary.—This case is described because of the distribution of the softened areas and their resemblance from an anatomical point of view to the arteriolar encephalopathy of nonsyphilitic origin described originally by Binswanger ("Die Begrenzung der allgemeinen Paralyse," Allg. Z.f. Psych., 1895, 51: 804) and more recently by American authors, a condition which clinically has been known to simulate Schilder's disease. The curious anatomical localization of the arteriolitis in Binswanger's disease has never been satisfactorily explained and it is of interest to note that the same picture can be obtained in meningovascular syphilis.

Perinephric abscess and subacute suppurative nephritis : rapid onset of senile psychosis.

1140/SA.171, a female, aged 73, was admitted to hospital on March 17th, 1936, on account of childish behaviour and incoherence.

She was quite well until two months before admission, when she had "influenza" and was treated by her doctor. Soon afterwards, she suddenly, for no known reason, became afraid of the police and believed that her neighbours were persecuting her.

On admission she exhibited the childish demeanour of senile dementia. She gave a confused and rambling account of herself, talking rapidly and incoherently, and revealing no insight into her condition.

Owing to the presence of much dental sepsis, the remaining teeth were removed. Mentally she became rapidly worse, and died on August 30th, 1936.

At post-mortem the right kidney was found to be irregularly enlarged, weighing 610 grammes, and containing a large centrally placed tumour-like mass, consisting of much fibrous tissue, several loculi filled with myxomatous-looking material and organized blood clot, and some areas of calcification. Surrounding the whole kidney, and also in the kidney itself, around the abnormal mass was a diffuse abscess of considerable extent. Apart from this the post-mortem findings amounted to fatty degeneration of the heart, bronchopneumonia, cholelithiasis, and chronic cholecystitis. Histological examination of the mass inside the right kidney did not reveal any suggestion of tumour formation; on the contrary it consisted entirely of the products of chronic inflammation. There was no evidence of tuberculosis or syphilis.

Commentary.—The "influenza" was presumably a critical phase in the development of the inflammatory condition of the right kidney. It is always of interest to find a somatic disorder which could possibly have played some part in the precipitation of a mental state, and in this case, where the mental symptoms were unusually rapid in their onset and progress, there would seem to be good grounds for associating them in some way with the suppurative nephritis.

Cerebral arteriopathy : Chronic sinusitis and subacute otitis media.

1058/SA.145, female, aged 64, was admitted to hospital on April 17th, 1936, on account of mental confusion.

She was well until her husband's death eight years before, when it was noticed that she had developed symptoms of slight loss of memory, and a tendency to untidiness. She was seen by a neurologist who diagnosed cerebral arteriosclerosis, and advised certain lines of treatment. Later it was considered advisable to send her to hospital. There was no family history of mental disorder. She had two children, both of them were well.

On examination she was confused and disorientated, and unable to answer simple questions correctly, giving her age as 6. She was childish in her behaviour, and showed some hallucinations. The heart was enlarged, the

second aortic sound being accentuated. The blood pressure was 180/125, but there was no evidence clinically of cardiac failure. The peripheral blood vessels were not unduly thickened, and there was no retinal arteriosclerosis. There was a moderate degree of albuminuria and occasional red corpuscles and casts. The blood urea was 90 mgms. per cent., and the urea concentration factor 44.5.

Six weeks later she became more feeble and developed signs of cardiac failure, with a low grade fever. Death occurred on May 30th, 1936.

Post-mortem examination revealed in addition to the changes associated with the failing enlarged heart of hypertension, a subacute right otitis media, and a frontal sinusitis. Arteriosclerotic changes were present in most of the blood vessels, especially the aorta and large cerebral arteries, and the kidneys showed the changes of an early interstitial nephritis. The brain was a little wasted and weighed 1,020 grammes. Histological examination revealed the presence of senile plaques in moderate numbers in the cerebral cortex.

Commentary.—The symptoms began at the age of 56 at the time of a mental strain, and their nature at the time evidently suggested the possibility of cerebral arteriosclerosis. In this connection the findings of chronic sepsis in the middle ear and frontal sinuses at autopsy are of interest. They represent at least a subacute inflammatory process, and it is tempting to associate their presence with the development of cerebral arteriosclerosis. The arterial disease, however, was generalized so that the otitis media and frontal sinusitis could, at the onset, have been only a contributory factor in the development of the mental symptoms. The presence of the senile plaques is of interest. They have been shown to be present in certain cases of toxic-exhaustive psychosis occurring in the presenile age group, as well as in other diseases, so that they are by no means confined to Alzheimer's disease and senile dementia. The age of onset and the loss of memory which was apparently the first symptom, might suggest the former disease, but the subsequent history, and the other findings, do not bear this out. Moreover, the senile plaques were present only in moderate numbers, such as one finds in senile dementia and toxic-exhaustive psychosis. This, therefore, would appear to be a complicated case, the early history suggesting cerebral arteriosclerosis, the later history, senile dementia, and the post-mortem findings both.

Imbecility : Rudimentary Falx Cerebri.

6/SA.123, male, aged 37, was transferred to this hospital on March 2nd, 1934, having been certified a mental defective at the age of 17. He was unable to hold any conversation, merely made peculiar noises, and could not attend to himself in any way. For some years he had had occasional epileptic fits.

While under observation in hospital he had several "asthmatic" attacks associated with some chronic bronchitis, tending to alternate with a chronic exudative dermatitis. The "asthmatic" attacks became more frequent, and cardiac failure developed together with terminal jaundice. Death occurred on Feb. 10th, 1936.

At *autopsy*, an enlarged heart was found with an adherent and thickened pericardium. The left auricle was enormously dilated and hypertrophied, the mitral valve barely admitting the tip of the little finger. The right chambers were also dilated and hypertrophied and there was an ante-mortem clot in the left pulmonary artery extending up into its branches. The brain weighed 1,340 grammes. The dura mater was adherent to the underlying leptomeninges not only to each side of the superior sagittal sinus, but also over the parietal lobe. On reflecting the dura from before backwards it was noticed that there was no falx cerebri over the anterior half of the vertex, the two frontal lobes apparently being fused, for the leptomeninges were continuous from the one side to the other. More posteriorly there was a division between the cerebral hemispheres and a rudimentary falx lying between them, but

not reaching as far as the pineal body. The tentorium cerebelli was present. An interesting feature was the presence of two veins lying parallel and one on each side of the midline in the frontal area. They appeared to have formed from the confluence anteriorly of several smaller veins in the line of, and not against, the presumed direction of the blood. After a distance of about 4 c.mm. these two veins left the leptomeninges and became attached to the dura to form two main parasagittal sinuses which were joined by other cerebral veins from both sides. On horizontal section at the level of the upper border of the optic thalami, the two frontal lobes were seen to be quite separate, although lying together, and apparently covered by a common arachnoidea. The pia mater, on the other hand, dipped down into the space between the frontal lobes. The corpus callosum was of natural size and there were no areas of microgyria.

Commentary.—This is an unusual developmental anomaly and it is recorded for this reason.

Imbecility : Addison's disease.

283/Sa.116, female, aged 62, was transferred to this hospital on March 6th, 1934, having been certified an imbecile at the age of 31.

For many years she had been in indifferent health, with mitral regurgitation. For the last year of life she became thin and gradually assumed a coppery pigmentation of the skin. There was no vomiting or diarrhoea, and no suggestion of the skin lesions of pellagra, but she took her food with difficulty, gradually becoming weaker, and died on January 18th, 1936, in an extremely emaciated condition.

At *post-mortem* the right suprarenal was atrophied and calcified, the left being diffuent. The left kidney weighed 49 grammes, but although diminutive, was in every respect healthy, as was the right kidney. There was some old adhesive pleurisy on the right side, and a semiquiescent tuberculous focus at the left apex. The liver and spleen both had thickened capsules, but the parenchyma in each case appeared healthy. The brain was heavy for the weight of the body, weighing 1,300 grammes, but detailed examination did not suggest that there was any organic disease of it.

Commentary.—The clinical findings suggested adrenal insufficiency, and this is confirmed by the autopsy findings. A subacute tuberculous process was present in the lungs, and this was presumably the original lesion. The adrenal atrophy was old standing, but the actual symptoms of insufficiency were present for only one year, suggesting that the determining factor was a functional insufficiency of the unaffected kidney, following compensatory hypertrophy.

XL.—FROM THE MONMOUTHSHIRE MENTAL HOSPITAL, ABERGAVENNY.

Laboratory Report.—Communicated by the Medical Superintendent.

The following is a summary of the work done in the pathological laboratory during the year :—

Urine: routine, 369; sugar (quantitative), 10; bacteriological, 40. Faeces: bacteriological, 1,487. Blood: total counts, 10; Widal reactions, 6. C.s.f.: complete examinations, 11; cell counts, 11; protein content, 11; globulin, 11; gold curve, 11. Bacteriological: sputum, 15; pus, 4; blood cultures, 3; cultures (post-mortem) spleen, 1; gall-bladders, 1. Organs cut and stained, 3. Post-mortem examinations, 82 (92.1 per cent. of deaths).

Regular examinations of the faeces of four known typhoid carriers have been made, with the following results :—

S.U.	22 examinations,	16 positive	6 negative.
C.K.	35	27	8
J.S.	32	30	2
M.B.	33	29	4

XLI.—FROM THE NORFOLK COUNTY MENTAL HOSPITAL.

General Report.—By Dr. O. G. CONNELL, M.C., Medical Superintendent.

A.—*Pathological and Biochemical.*

Summary of examinations :—

Blood : leucocytic granulation Mommson technique, 125; counts complete, 50; serum agglutination for T.A.B. and dysentery, 72; serum auto-agglutination, 29; serum Kahn tests, 214; bromide estimations, 126; sugar, 108; urea, 19; Van den Bergh, 8. C.s.f.: Kahn, 16; cytological, 15; globulin, 43; sugar, 2; urea, 1; chloride, 1; Lange colloidal gold curves, 14; cultures, 2. Urine : cultures, 11; general examinations, 199; microscopical, 191; sugar estimations, 13; urea, 4; bile, 2. Swabs: throat and other cultures, 6; microscopical, 8. Sputa : microscopical examinations, 28; cultural examinations, 7. Faeces : culture for typhoid, dysentery, etc., 96; for T.B., 2; examinations for T.B., 19. Vomitus, 1. Determinations of phenol coefficient of disinfectants used in hospital, 2. X-ray films, 96.

B.—*Clinical.*

Pathological Granulation of the Leucocytes in Mental Disorder (Mommson's Granules).—This is being investigated in all admissions. The method consists in staining the blood films at pH 5.4, using the Giemsa stain and buffer solution of Hollborn, Leipzig, as specified by Mommson. Details of this and the significance of the results in infective diseases have been discussed by Mommson and others. The granules appear dark blue in the preparation and the number of leucocytes affected can be estimated. They are said to be found in acute and chronic infective processes. In mental diseases the results published (Efremoff 1931, Rizzatti & Levi 1933, 1934, and Ganfini 1934), and the views expressed, show little agreement. The results at this hospital have been almost entirely negative. Of 96 admissions, 4 gave positive results; a case of acute confusion with pyrexia of unknown origin and fatal termination and 2 cases of recent melancholia. In addition, 24 cases of dementia praecox, 3 of fairly recent onset, have been examined. Slight granulation was present in 2 cases, 1 of which had diphtheria 2 years ago and had to undergo tonsillectomy before swabs became negative; the other showed signs of pulmonary tuberculosis 2 years ago but the condition is now latent. Amongst the recent admissions are included 5 cases of dementia praecox, all negative. Among other cases examined, and of various mental types, were 6 suffering from febrile illness, 3 of whom gave positive results. Of these, 2 were cases of paratyphoid B. infection and 1 T.B. peritonitis.

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The Bromide Content of the Blood continues to be examined in many of the admissions, using the colorimetric method (H. Tod, *Jn. of Mental Science*, April, 1934). High values have again been noted in senile and confused, as well as in depressed cases. Values of over 200 mgms. were obtained in 3 cases. One of these, an epileptic, presented a picture of advanced dementia. Bromides were withheld in spite of the occurrence of a few fits, her condition cleared up in a remarkable way and she was discharged. This case strongly suggests bromide intoxication. A case of senile dementia with some confusion, hallucinations and delusions of persecution with a history of mumps (? Parotitis), 3 weeks before, developed pneumonia a fortnight after admission and died; there was no history of administration of bromides. The third case showed confusion with hallucinations and delusions on admission, the

symptoms being of 10 days' duration. After 6 months there was little change, she had 2 epileptiform seizures and now, 6 months later, there is no improvement. There was no history of previous epilepsy nor of bromide medication.

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The Auto-agglutination Test (P. Neuda, *Ars. Medici*, July, 1934) was carried out in 9 cases of possible or definite malignant disease in which condition a positive result is said to be obtained. Two of the series were positive; 1 had undergone operation for "very malignant type" of carcinoma of the breast 18 months ago and is still well; the other was treated by radium, after currettings from uterus had been reported as "probably malignant," and is still well a year later. Of 3 other cases, slightly positive, 1, who underwent operation for carcinoma of uterus 6 years ago, is still well; a second, operated on for carcinoma of the breast 2½ years ago, has had recurrence of secondary growth in the spine; the third, operated on for carcinoma of breast 2 years ago, has had a recent recurrence of growth in the supra-clavicular glands. Four cases gave negative results; 1, "very malignant" carcinoma of breast in a female aged 76 years who died a year after operation; 1 case of carcinoma of breast, "more malignant than schirrus," died some months after operation; a case of schirrus carcinoma of breast is alive and well more than 2 years after operation; the fourth a case of "probably simple tumour" is still well more than a year after operation. A case of pulmonary tuberculosis with fatal outcome also gave a positive result. Thus the value of the test in cases of new growth remains doubtful.

Treatment of General Paralysis with Dmelcos Vaccine, Tryparsamide and Campolon.—This treatment continues to be used and was carried out in 3 female cases. One case, probably congenital, showed slight deterioration after treatment, but has since improved somewhat and is employable under supervision. The Kahn test, which was negative in the blood before, became positive after treatment and the Lange curve, markedly paretic before, became maximum in all but the last tube. The second case also fluctuated but her condition is rather better than on admission. After treatment the Kahn test in the blood became negative, that in the cerebro-spinal fluid weaker and the Lange curve showed slight improvement. Both these were cases of some years' duration, and dementia was already marked before treatment. The third patient, a voluntary patient, had already undergone some treatment with considerable improvement, but had departed before this was completed and soon relapsed. After her return, treatment was continued but the patient showed rapid deterioration and emaciation and died. A fourth case, whose condition was suggestive of general paralysis, probably congenital, was also treated. The blood and cerebro-spinal fluid were negative to the Kahn test although the Lange curve was of luetic type and the protein increased. The mental condition showed no improvement after treatment, but the Lange curve has become almost normal.

XLII.—FROM THE NORTHAMPTON COUNTY MENTAL HOSPITAL.

General Report.—By Dr. E. D. T. HAYES, D.P.M., Medical Superintendent.

A.—Laboratory Work.

The following is a summary of the 5,924 examinations made during the year :—

Blood : glucose tolerance curves (5 estimations in each case), 38; blood counts (R.b.c., W.b.c., H.b., C.I., reticulocytes, halometer, differential), 197; bromide, 21; sedimentation, 210; determination of clotting time, 2; determination of bleeding

time, 2; urea, 96; Van den Bergh, 2; Dreyer, 2; malarial parasites (4 positive for B.T.), 10; culture, 23; Kahn tests (42 positive), 613. Urine: ordinary routine, 1,485; single urea estimations, 10; culture for typhoid (all negative), 784. Faeces: culture for typhoid (all negative), 701. C.s.f.: cell counts, 11; protein, 11; glucose, 11; Kahn tests, 11; Lange's colloidal gold reactions, 11. Miscellaneous: throat swabs (5 positive for K.L.B.), 56; sputum (4 positive for T.B.), 58; fractional test meals, 2; water (bacteriological and chemical), 6; autogenous vaccines, 4; T.A.B. vaccines, 1,410. Post-mortem examinations, 39 (55.7 per cent. of deaths).

During the year the system of keeping laboratory records was revised and brought up to date. Each patient is now provided with an envelope in which specially designed cards, giving the results of all investigations and examinations of clinico-pathological material, are placed. The envelopes are filed alphabetically and the great merit of this system is that a complete record of *all* the work done on a patient from admission to discharge, or death, is available instantly.

All new admissions to the hospital are now subjected to a systematic preliminary investigation with a view to assessing the real physical condition of the patient. In addition to the ordinary clinical examination, inspection by the Dental Surgeon and Ophthalmologist, etc., the following laboratory examinations are made in *every* case:—

Blood: Kahn, R.b.c.'s, W.b.c.'s, H.b. (Gower), Hb. (colorimeter), C.I. (halometer, reticulocytes, platelets, abnormalities of size, shape and staining, presence of abnormal cells, differential count, sedimentation index, bromide, urea, chlorides, N.P.N., Van den Bergh, glucose tolerance curve.

Urine: reaction, sp. gr., sugar, albumin, acetone, chlorides, culture, deposit.

C.s.f. (examined when Kahn test on blood is positive or neurological findings indicate its necessity): pressure, colour, foam, cells, protein, glucose, chlorides, Kahn, Lange, deposit.

Faeces: culture, blood, mucus, fat, bile, parasites.

Examination of swabs.

Examination of sputum.

Although this preliminary investigation of each new admission has been undertaken during the last 6 months of this year only, it has already proved its worth and it is now considered to be well worth the time and trouble necessary to carry it out. The importance of having a full and detailed knowledge of the physical condition of a patient suffering from mental disorder cannot be stressed too much. Apart from this, in many cases it has been of real therapeutic value by indicating lines of treatment which have proved of great benefit to the patient: treatment which would most probably have been omitted had this investigation not been made. Further, this general survey of the patients' physical make-up has often been the starting point of other special investigations. Pathological conditions have been disclosed which have insisted on a further and more detailed investigation with a consequent better understanding of the patient and a more rational and effective therapy.

Already in the short time that these systematic investigations have been made, a considerable volume of data has accumulated and many interesting findings have been brought to light which had not hitherto been recognized. During 1937 it is proposed to continue this present scheme of laboratory examination of each new admission, revising and supplementing the various tests and examinations where indicated. It is hoped at the end of the year to issue a detailed report on the work done.

B.—Mental Out-Patient Centres.

1. Northampton General Hospital.

A large number of patients suffering from various forms of psychoneuroses and early psychoses attend this clinic, which is conducted by Dr. E. D. T. Hayes, assisted by Dr. Joshua Carse, D.P.M. Three sessions

are held each week for psycho-therapeutic treatment. Those patients who, for different reasons, are found to be unsuitable for out-patient treatment are usually willing to come to the new admission hospital at Berry Wood as voluntary patients. During the course of the year 110 (M. 52, F. 58) new cases were examined and reports sent to their local doctors. In all 2,011 attendances were recorded.

2. Northamptonshire Home for Girls.

In April, 1936, Dr. Joshua Carse was appointed visiting psychiatrist to this home, which has 27 "problem" children of ages ranging from 6 to 14 years. The children are drawn from all parts of the country and are usually unsuited for out-patient treatment at the nearest child guidance clinic. One session is held each week and the work done has been found to be both interesting and of practical value.

XLIII.—FROM THE OXFORD COUNTY AND CITY MENTAL HOSPITAL.

General Report.—By Dr. R. W. ARMSTRONG, D.P.M., Medical Superintendent.

A.—Laboratory Work.

Summary of routine examinations performed during the year :—

Urine, 2,397; blood, 351; cerebro-spinal fluids, 25; sputum, 42; faeces, 32; throat and other swabs, 7; microscopical sections, 298; post-mortem examinations, 48 (75 per cent. of deaths).

B.—Research.—By Dr. K. O. NEWMAN, Pathologist.

Glycolysis of blood-serum in different psychoses.—Estimations of the sugar-content of whole blood and blood-serum collected under standard conditions were made by the method of Hagedorn and Jensen. Samples of blood and serum were kept in a water-bath at a temperature of 37° C. for a period of two hours. At regular intervals specimens were removed and analysed. The curves so obtained showed remarkable constancy in individual cases. Glycolysis of blood and blood-serum remained parallel. A similar type of curve in catatonic forms of dementia praecox was observed. Controls from normal individuals and 1 case of diabetes mellitus were carried out.

General paralysis.—Extensive systematic investigations into the sero-diagnosis of general paralysis were undertaken. A blood serum test with sensitized gold-sol had previously been published from this laboratory (*British Medical Journal*, May 31st, 1930) and 285 cases, including controls, had furnished correct results in accordance with clinical findings and examinations of the cerebro-spinal fluid. Later, apparently insuperable difficulties with regard to the constancy of sensitized gold-sols arose and deprived the test of its practical value. Numerous experiments with different substances in colloidal state, excluding metallic compounds, were undertaken and the results so far obtained appear sufficiently encouraging to warrant the continuance along this line of inquiry.

Eclampsia.—A case of eclampsia which came *ad exitum* into this hospital was submitted to detailed histological examination, special attention being directed towards changes in the pituitary gland, the latter organ having been held responsible by various authors in recent years as a predominating causative factor in the symptomatology of the disease. The organ showed a cleft, in itself not a rarity, but made noteworthy by the fact that a similar hypophysis in a case of genuine epilepsy who died here in the course of status epilepticus in November, 1935, was encountered. It is hoped to publish an account in the near future.

XLIV.—FROM THE SOMERSET AND BATH MENTAL HOSPITAL, COTFORD, TAUNTON.

Laboratory Report.—Communicated by the Medical Superintendent.

The following examinations were made during the year :—

Urines : full examination, 113; urea concentration tests, 3; glucose tolerance tests, 3. Blood : counts, 16; differential, 16; blood films, 20; for malarial parasites, 20; Widal, 1; sugar estimation, 4; Meinicke clarification reaction for, 138. Sputum : for T.B., 25; other organisms, 10. Swabs : throat, 20; P.M., 6. C.s.f. examinations (cell count, mastic curve, Meinicke reaction), 11. Faeces : microscopical examinations, 10; cultures, 25; for blood, 6. Post-mortem examinations, 40 (62·5 per cent. of deaths). A series of pathological specimens are being mounted.

During the year the Laboratory has been rebuilt and additional equipment is being provided.

XLV.—FROM THE STAFFORDSHIRE MENTAL HOSPITAL, STAFFORD.

General Report.—By Dr. B. H. SHAW, Medical Superintendent.

Histopathology of the Cerebellum in Mental Disorder.

For a considerable period special attention has been devoted to the histopathology of the cerebellum in various states of mental disorder.

Staining after the Mallory method with such basic dyes as methyl green, aniline blue, toluidine blue, methylene blue and basic fuchsin, and dyes of an acid nature such as acid fuchsin, Ponceau S., azocarmine, orange G. and trypan blue, very definite pathological changes have been observed, the tissue reactions being comparable whatever combinations of stains are used.

To summarize briefly :—

(1) In epilepsy, atrophic and oxyphile changes are constantly present in the molecular (synaptic) layer which appear to be dependent on vascular changes of a gross nature. Areas of cortical sclerosis have also been noted—in cases in which the onset of the fits followed acute rheumatism in childhood. Atrophic and vascular changes have previously been recorded in epilepsy by Turner and others.

(2) In manic-depressive states a patchy congestive infiltration of the periphery of the molecular layer has been constantly noted which later appears to undergo gliosis.

(3) In schizophrenic states marked changes occur in the ganglion (Purkinjé) cells and in the cells of the granular layer, the earliest being met with in the nuclei and evidenced by alteration in affinity for stains of an acid nature. Normally the cytoplasm of the ganglion cells is stained by basic stains, the nucleus is unstained, except for chromatin particles which are basophile, the nucleolus is strongly oxyphile and the granule nuclei acidophile. In schizophrenic states 3 types of change are noted affecting the ganglion cells :—

(a) Fuchsinophile—the earliest change is a general basic fixation by the nucleus which later becomes oxyphile, the cytoplasm following suit with subsequent satellitosis and absorption—basophile changes being noted in the nuclei of the granular layer. This alteration is exactly similar to changes observed in Purkinjé cells immediately adjacent to minute blood extravasations in a case of death 10 days after a motor accident and obviously due to anoxaemia.

(b) In other cases while no definite fuchsinophile changes are met with the ganglion cells show marked chromatolysis with disappearance of the nucleus and nucleolus associated with some atrophy of the periphery of the molecular layer.

(c) Marked lipoid deposits have been observed in the cytoplasm of the ganglion cells in certain cases associated with septic absorption of long standing from unsuspected foci.

(4) In two cases of leukaemia interesting pathological changes of an atrophic and fuchsinophile nature were noted in the molecular layer of the cerebellum, in one—lymphatic leukaemia with liver and kidney changes—patchy areas of acute necrosis were present affording evidence of the presence of a toxin with apparently selectively destructive effects on the molecular layer of the cerebellar cortex. The mental disorder in these cases was manic-depressive.

(5) Micrometric observations of the granular nuclei in the cerebellum showed that while the diameter of these nuclei normally averaged 4.5μ , in cases of initial feeble-mindedness this diameter is reduced by as much as 25 per cent. together with a general paucity of granule cells.

(6) Asymmetry and degenerative changes of the dentate nuclei is not uncommon in mental disorder associated with corresponding alteration of the red nuclei.

In view of certain facts relating to the cerebellum, for example, its intimate and extensive anatomical relationship with the cerebral hemispheres, the fact that the evolutionary development of each cerebral hemisphere is accompanied by a similar development of the corresponding lobe of the cerebellum, the association of the cerebellum with co-ordination, augmentation, and inhibition from its earliest inception in animal life and many other relative facts, the importance of its histopathology in mental disorder can hardly be exaggerated.

Renal Dysfunction has been the subject of continued investigation and the results have been published in the *Journal of Mental Science* of May, 1936, under the title of "Some Observations on Renal Function in Mental Disorder."

Résumé.—Various urine tests, 7,110; urea and total nitrogen, 134; various microscopic examinations, 1,177; Van den Bergh tests, 2; cytodagnosis, 10; pathological sections, 212; Wassermanns, 140; stools for T.B., 42; sputums for T.B., 24; throat swabs, 5; autogenous vaccines, 4; cultural examinations—stools, 2; various, 10; blood counts and haemoglobin estimations, 133; etc.

XLVI.—FROM THE STAFFORDSHIRE MENTAL HOSPITAL, BURNTWOOD.

Report of work carried out by Dr. W. J. Kirwan and Mr. Sale.—Communicated by Dr. WILLIAM REID, Medical Superintendent.

Examinations in the Laboratory during the year numbered 1,147, as follows:—

Faeces: for typhoid and dysentery, 381; for T.B., 13. Urines: for typhoid, 5; abnormal constituents, 256. Blood: Wassermann reaction, 147; malaria parasites, agglutinations, etc., 66. Sputa: for T.B., 22. C.s.f.: Wassermann, Lange's gold curve, cell counts, etc., 21. Drinking water examined for bacteria, 70. Food, milk, cows' blood examined for bacteria, 88. Post-mortem examinations, throat swabs, vaccines prepared, sections made, etc., 51. Animal inoculations, 27.

Post-mortems (88 per cent. of the deaths up to September 30th, 1936) were performed. For the rest of the year none were made, while the post-mortem room was being reconstructed.

Six cases of General Paralysis were given injections of malarial blood. One female patient made a good recovery, and had a full course of Tryparsamide in addition before being discharged. After malarial blood alone, three males were improved and two unimproved. Two cases of advanced general paralysis were unimproved after injections of Pyrifer.

Two carrier cases of Typhoid gave positive reactions in the faeces at intervals throughout the year.

One suspected Dysentery carrier gave negative results in the faeces in 1936.

Animal inoculations were used for suspected tuberculosis in milk, sputa, etc., also for brucella abortus in cattle, the latter bacillus being recovered from cultures of the deposit in cows' milk, etc., from the stomach or from the blood of affected calves, and also from guinea pigs inoculated with the deposit from the milk of affected cows.

An unusual cause of death was investigated by Dr. Arthur L. Taylor, F.R.C.P.E. A female patient died from haemorrhage of the right suprarenal gland, which was disintegrated by a large haemorrhage while the left suprarenal was heavily engorged. Microscopically the cells of the right gland were degenerated and broken down. Both kidneys were surrounded by fibrosed tissue binding them down tightly, causing obstruction of the right suprarenal vein and engorgement of the right gland, followed by degeneration. The perirenal adhesions followed the operation of double nephropexy performed 17 years previous to death.

XLVII.—FROM THE STAFFORDSHIRE MENTAL HOSPITAL, CHEDDLETON.
General Report.—By Dr. W. D. WILKINS, Medical Superintendent.

The routine work of the laboratory at this Hospital has included a very extensive investigation into the causes of the dysentery epidemic which occurred during the year, including the preparation of vaccine.

Dr. Malloy has done work on *Intestinal Toxaemia as an aetiological Factor in Mental Disorder*, of which the following is an abstract :—

On the hypothesis that a toxaemia which is sufficiently marked to produce mental symptoms should also be capable of producing demonstrable and unequivocal changes in the blood of the patient, search has been made for a simple laboratory method of demonstrating these changes. Three observations on the results so far are worth noting :

- (1) A scraping from the mucosa of a congested small intestine obtained at autopsy on a patient who had died suffering from an acute Confusional Psychosis when cultured gave a growth of a bacillus which, for convenience, may be called *Bacillus Paracolon A*.
- (2) A patient suffering from a similar mental condition was found to be passing in his stools a similar but distinguishable bacillus, *B. Paracolon B*. His serum agglutinated the organism and coincidentally with treatment with an autogenous vaccine, he is making a satisfactory recovery.
- (3) A third bacillus, *B. Paracolon C*., was selected by a special method, and along with the other two has been shown to be agglutinated by a remarkable number of sera from a wide variety of psychotic patients. As an example, using sera from 27 cases of General Paralysis, 37 per cent. agglutinated *B. Paracolon B*., 33 per cent. agglutinated *B. Paracolon C*., and 15 per cent. agglutinated both.

No definite relationship of these organisms to the various clinical conditions has yet been established, and indeed a most critical attitude has been adopted towards the findings so far. On the one hand, sera from apparently normal individuals have agglutinated these organisms, but on the other, it must be remembered the normal individuals are frequently subjected unharmed to the same stresses as are frequently postulated as causes of insanity. This summary must be viewed in the light of what is being attempted rather than what has been achieved. It is an attempt to put intestinal toxaemia on a more solid foundation than it is given by such methods as inspection of stools microscopically and macroscopically, in their natural state and in culture media, radiological examination of the intestine, direct inspection of the mucosa of the colon, and experimental removal of parts of the intestinal tract. These investigations take into consideration only active local lesions, and altogether neglect the possibility of the mental symptoms remaining after the local lesion has cleared up. It is just in these cases that vaccines might be expected to be of most help. At the moment, data with regard to the results of treatment with vaccines are too few to be useful, but their use is being extended along with search for definite evidence of causal relationships of these and other intestinal organisms to mental disorder.

A paper is in preparation on a *Psychological Approach to the elucidation of the nature and cause of Parkinsonian Symptoms following Epidemic Encephalitis*, based on observations on a number of such cases in the Hospital. It is hoped to publish it presently in one of the Medical Journals.

XLVIII.—FROM THE EAST SUSSEX COUNTY MENTAL HOSPITAL.

Report of Clinical and Pathological Investigations.—By Dr. GEOFFREY SHERA, M.A., Pathologist.

The total output of this department has increased again this year by a further 1,461 tests.

The following summary is of interest :—

Examinations for the—	1934.	1935.	1936.
Mental Hospital	3,383	3,562	4,373
Public Health Authorities	1,950	3,365	4,015
Total	5,333	6,927	8,388

The examinations are detailed below :—

Hospital.—Urine: routine, 1,302; special (bacteriological, fermentation tests, etc.), 576. Faeces: bacteriological, 954; special (occult blood, etc.), 31. Bloods: Wassermann tests (M.R.C. No. 3 method), 262; complete counts, 25; partial, 43; sugar estimations, 29; urea, 15; Van den Bergh reactions, 5; agglutinations per organism, 650; sputa for T.B., etc., 76; organs cut and stained, 2; vaccines, 7; biological tests, 2; C.s.f., 20. Other tests, 282. Post-mortems, 92 (66 per cent. of deaths).

County work.—Tests under Tuberculosis Order, 1925: biological, 133; microscopical, 172; anthrax, 18. Milk and Dairies (Consolidation) Act: biological, 269; microscopical, 142. Tests for Public Health Authorities: sputa for tubercle, 756; swabs for diphtheria, 431; milks, 1,022; faeces, 300; bloods, 174; pleural fluids, 25; urines, 123; biological tests, 17; agglutinations, 207; other tests, 226.

As regards the hospital, there has been a general increase of activity not due to any epidemic outbreak but to an increased recognition of the value of diagnostic facilities.

The county work has shown increase in respect of tests under the Tuberculosis Order, sputa, milk analyses, and especially owing to an institutional outbreak amongst children due to the Sonne form of dysentery.

Mental Hospital Work.

Contagious Infectious diseases.

One case of dysentery due to the Schmitz bacillus was identified in February 1936 in G1 ward. There was no spread. One case of dysentery yielded a germ closely allied to *B. dysenteriae* (Sonne), probably *B. coli anaerogenes*. The patient was a female in A1 ward and the infection occurred in March. There was no spread.

No cases of enteric fever or food-poisoning (*Salmonella*) occurred.

Tests in Newly Admitted Patients.

To these tests, which are already extensive, and which were fully detailed in the 1936 report, the blood sedimentation rate test was added. This test forms a useful index of certain organic diseases, and when it is positive it affords a warning to be on the look-out for these complaints. A number of positive results were obtained.

These are tabulated below with the corresponding clinical findings.

Blood sedimentation rate. (New admissions.)

Period : October 6th–December 31st, 1936. Total number tested : 78.
Abnormal readings in 17. Percentage : 21·8.

No.	Sex.	B.S.R. (m.m.)	Clinical Findings.
1	F	13	Myocarditis.
2	F	13	Old specific case (?).
3	F	16	Myocarditis.
4	F	15	Acidosis on admission.
5	F	14	No abnormality found.
6	M	20	Myocarditis and nephritis.
7	F	40	Alcoholism. (?) Specific disease.
8	F	70	Septic dermatitis and tonsillitis.
9	M	17	Epilepsy.
10	M	17	No abnormality found.
11	F	14	Myocarditis.
12	F	17	Toxaemia. Died.
13	F	17	No abnormality found.
14	F	78	Puerperal case. Child 14 days old.
15	F	48	Toxic mania.
16	F	55	Erysipelas.
17	F	52	Asthma.

The three cases in which no abnormalities were found on clinical examination may, on further investigation, prove to have been abnormal. Not until further observation has been carried out can disorder be ruled out, as the sedimentation rate has very definite low normal limits (men up to 8 mm., and women 10–12 mm.). Over 12 mm. is pathological.

Research work.

Infections of the renal tract.

During the period December 1934–1936, out of 52 completed cases showing suspicious original specimens, positive cultures for coliform organisms were obtained in 13 cases (25 per cent.) and the following table summarizes the investigation so far as data have been obtainable.

It will be noted that only 4 cases out of 13 showed normal renal efficiency. This definitely indicates that these infections do impair, at any rate temporarily, the renal function. Although most of the cases were in elderly subjects, relatively young patients showed marked renal function impairment. The normal renal efficiency is 70 per cent. or over.

No.	Sex.	Age.	Presence of Pus. Casts.		(Urea clearance) Renal efficiency.
					per cent.
1	F	64	+	+	65·09
2	F	60	+	+	40·00
3	F	66	+	—	52·00
4	F	54	+	—	101·00
5	F	50	+	—	51·00
6	F	46	+	—	50·9
7	F	58	—	—	62·0
8	M	19	+	+	120·0
9	F	33	+	—	36·0
10	F	35	+	—	92·0
11	F	38	+	—	101·00
12	F	83	+	—	30·00
13	F	45	—	—	50·00

Numbers 7 and 13 were bacilluria cases. One case with casts as well as pus and bacilli (No. 8) shows excellent renal efficiency and this is due to his age and type of nephritis (mild infective).

No. 6 showed blood agglutination against her own organism up to 1 in 50. and No. 13, up to 1 in 25. All others failed to develop agglutinins against their own germs. The exact significance is not certain but it probably indicates a long-standing infection.

Culture Medium for Tuberculosis (Löwenstein-Jensen medium).

Whilst this method is brilliantly successful in some cases, contaminated specimens are not uncommon. The biological test, one feels, is still the test of choice for eliminating the possibility of tubercular infection or of confirming it.

Streptococcal infections. (Sensitised Streptococcal Vaccine.)

This vaccine has been less used of late, its place having been taken by the new drug, Prontosil. There was a good deal of vaccine used, however, 250 doses being sent out. Most cases had 3 doses only.

Hygienic tests for the Hospital.

Once a month the hospital milk, the disinfecting tank and the foul laundry section of the laundry are subjected to bacteriological control tests.

XLIX.—FROM THE WARWICKSHIRE AND COVENTRY MENTAL HOSPITAL.

General Report.—By Dr. D. N. PARFITT, D.P.M., Medical Superintendent.

Treatment by T.A.B. Vaccine.

Method employed.—The intravenous injection of Typhoid, Paratyphoid A. and B. vaccine has been used as a method of treatment in 200 female patients suffering from various psychoses during the last 6 years. The injections are usually given in a course of 6 or more, the treatment being abandoned or persevered with according to results. In the first cases a high temperature was aimed at, i.e., 103° F. to 105° F., but sometimes a dangerous collapse followed and one woman died. Injections are commonly spaced at weekly intervals but variations of 4–10 days may be made, care being taken to avoid the period of increased asthenia and exhaustion which sometimes follows, the injection being given when increasing vitality is observed. With very high temperatures the period of asthenia following the injection is often unduly prolonged and spacing is difficult. In most cases treated here a temperature of 102° F. or less was arrived at, the dose of vaccine being doubled at each succeeding injection to produce the same temperature. This regularity is often not observed and temperatures are frequently irregular, leading to difficulty in calculating successive doses. The vaccine is used in a concentration of 1,000 million typhoid bacilli, and 750 million each of paratyphoid A. and B., but dosage is more easily calculated on the basis of 1,000 million typhoid bacilli. A convenient starting dose is 5 million (i.e. 12.5 million of the mixed bacilli). The following table illustrates some variations in response and the usual increases of dosage :—

Table 1.

Case 1.		Case 2.		Case 3.	
Millions of Bacilli.	Temperature Produced.	Millions of Bacilli.	Temperature Produced.	Millions of Bacilli.	Temperature Produced.
5	99.0° F.	5	99.2° F.	5	103.6° F.
20	101.0° F.	15	99.0° F.	5	99.0° F.
30	101.0° F.	50	103.6° F.	15	100.0° F.
50	100.4° F.	50	102.2° F.	30	103.0° F.
100	100.6° F.	75	101.8° F.	30	103.4° F.
200	100.8° F.	100	102.0° F.	30	102.8° F.

Proportionately greater or less responses are frequently met with. Following the injection the temperature usually begins to rise from 1 to 2 hours later, the temperature being recorded with the pulse rate every 15 or 30 minutes. The maximum temperature may be reached any time from 2 to 5 hours after injection, and the total pyrexia may be prolonged from 6 to 24 hours. Sometimes the temperature settles to normal and later there is a secondary rise which may be higher than the first. In calculating succeeding doses the duration of the pyrexia and the clinical evidence of exhaustion should be taken into account.

Results.

In describing the results of treatment cases are divided into clinical groups, usually in pairs, as mania, mania with confusion, schizophrenia, schizophrenia with confusion, etc. This differentiates cases of pure mania, for instance, with flight of ideas, psychomotor pressure and elation occurring in a relatively clear sensorium from cases of mania with the same symptoms detectable but with confusion, evidenced by disorientation, restlessness without apparent purpose, memory disorders, perplexity, apprehension and so on in addition. This confusion is frequently accompanied by evidence of toxæmia.

Thus, some of the following signs are frequently found—changes in the skin, especially on the face, which may be greasy, sallow, blotchy, studded with septic spots, etc., vaso-motor disturbances, flushing, dermatographia, pallors, etc., nails brittle or lined, temperature slightly raised, more variable than usual or occasionally subnormal, pulse rate increased, variable and sometimes irregular, bowel disturbances, diminished red cells and haemoglobin in the blood, variable white count with a general tendency to increased numbers, especially of immature polymorphonuclears, dirty mouth, sore lips, poor appetite, urinary albumin, acetone, etc. In addition, frank sepsis may be present in teeth, tonsils, sinuses, and so on. In general the degree of confusion is proportionate to the evidence of toxæmia present.

Confusional Psychosis. 15 Cases.—No evidence of a particular psychosis but much evidence of toxæmia. All had other suitable treatment as well as the vaccine. Reactions were usually sharp and prolonged. Eleven of these patients showed improvement during the treatment, and in about half of these the improvement following the injections was striking. Of the 15 in this group, 11 were discharged, 2 died, and 2 are chronic patients. In all the cases discussed patients who were discharged and have returned are included in the chronic group.

Mania. 3 Cases.—Mild reactions and improvement which was probably “natural.” All discharged.

Mania with Confusion. 16 Cases.—The results were so irregular that it is almost impossible to summarize them. Reactions were brisker than in plain mania and about half of the patients improved markedly during T.A.B. treatment, but good effects were not proportional to reactions. Thirteen discharged. Three chronics.

Melancholia. 24 Cases.—Nineteen discharged, 1 died, 4 chronics. Reactions more marked than in mania, improvement usual but probably associated with natural remissions.

Melancholia with Confusion. 41 Cases.—Twenty-four discharged, 8 deaths, 9 chronics. None of the deaths were associated in any way with this treatment. Reactions usually very marked. In about 12 cases improvement seemed to be associated with the vaccine therapy.

Schizophrenia. 32 Cases.—Eight discharged, 24 chronics. Of those discharged most are “abnormal” and in the care of the relatives. Reactions mild and real improvement never shown.

Schizophrenia with Confusion. 23 Cases.—Nine discharged, 14 chronics. Reactions brisk, but no striking improvements.

Paraphrenia. 25 Cases.—Nine discharged, 16 chronics. Reactions fairly well marked, improvement very rare.

Paraphrenia with Confusion. 19 Cases.—Eight discharged, 11 chronics. Reactions sharp, but with no improvement except in one where improvement was striking.

Senility with Confusion. 2 Cases.—One responded well and improved sufficiently to go home to the care of relatives.

The conclusions reached by a study of these results are :—

(1) That T.A.B. vaccine is useless in schizophrenic and manic-depressive psychoses, the prognosis and course being unaltered by its use.

(2) Toxaemia as evidenced by confusion, occurring in association with any psychosis, may improve when treated by non-specific protein therapy such as T.A.B. vaccine, but such improvement is uncertain and cannot be foretold.

(3) Pure toxic psychoses where bacterial infection is suspected as a primary cause do best, but treatment with this vaccine is only part of a general scheme of treatment.

(4) Occasionally toxic-exhaustive patients who are severely ill seem to derive "tonic" benefit and general stimulation from *small doses*, e.g. two million intravenously.

Familial Periodic Paralysis.—Report of 2 Cases.

Schoenthal (1) who gives a good bibliography, states that the first detailed description of this disease was given by Westphal (2) in 1885 but it had previously been recognized by Schachnowitsch in 1882. Biernard and Daniells (3) refer to an excellent monograph on this subject by Janota and Weber (Berlin 1928).

This rare heredo-familial disorder may be dominant or recessive in its inheritance, is sometimes transmitted through females only, sometimes through females and males, may skip a generation and is occasionally associated in the same patients or the same families with muscular dystrophy, progressive muscular atrophy, amyotonia congenita, myasthenia gravis, sympathetic disorders, and sometimes with epilepsy, migraine, or goitre. It is usually said to be commoner in males (4, 5), but several series do not bear this out (1, 3). The first attacks may commence in infancy soon after learning to walk, but if so they become worse at puberty, which is the period of the commencement of the disease in most cases. The severity of attacks usually lessens after 30 and after 50 they invariably diminish in intensity or disappear altogether. Between attacks patients are usually healthy and strong.

Rich and heavy food, hunger, excess of meat or carbohydrate, inactivity, muscular exertion, exposure to cold, emotion and sexual excitement have all acted as precipitating factors in different cases. Each attack consists of a flaccid paralysis, perhaps of the lower limbs only, but more often of the trunk and all limbs, the paralysis usually beginning in the shoulders and hips, and spreading, with loss of deep reflexes and diminution or loss of faradic excitability in the muscles. Occasionally speech, deglutition and respiration are affected. Most commonly the paralysis is found on waking but may occur at any time during the day, it may be preceded by vomiting or by paraesthesiae, fatigue, profuse perspiration or fear. Otherwise consciousness and sensation are normal although patients are frequently irritable during the attack, which may last from a few minutes to several days. The paralysis recurs at prolonged intervals usually irregular but sometimes so regular that the patient can predict attacks, the recovery is typically complete and sudden but the muscles last paralysed may recover first and a permanent muscular weakness is rarely left. During the attack the pulse is irregular and dyspnoea, sweating and dysuria may be noted. Cardiac dilatation, systolic murmurs and electrocardiographic changes have been recorded.

Although complete recovery is the rule, death sometimes occurs from cardiac or respiratory failure.

MacLachlan (4) suggests two factors in the pathology, (i) an abnormal diathesis and disequilibrium of the vegetative nervous system with periodic abeyance of digestive functions and intoxication from abnormal metabolism producing toxins at the time of the attack, (ii) some muscle abnormality. Investigation has shown that the digestive functions are suspended during attacks and gastro-intestinal symptoms are common. The search for toxic factors and biochemical changes has been unsatisfactory, however. Other theories have postulated a peripheral vascular disorder or a virus infection. It seems probable that there is a defect in muscular chemistry and lability of the vegetative nervous system, and the trouble may be at the nerve endings in muscle.

The following 2 cases are brothers and were seen at a psychiatric out-patient clinic where they had been sent as possible cases of hysteria.

Case 1. R.H., Male, aged 27, a painter and decorator.

The first attack occurred at the age of 13 when he fell in chapel at the end of a service and was carried home, being quite well the next day. Since then attacks have occurred at irregular intervals, sometimes of a week, sometimes a month, sometimes longer and the attacks have varied in duration from two hours to two days, they come on mostly at night, the patient waking to find himself paralysed in the body and all four limbs. Sometimes he can move his head but often he is unable to do this. He has noticed as precipitating factors, heavy suppers, cold, fatigue, excitement, and attacks have occurred while playing football and at the pictures. In about half the attacks he vomits a green fluid and this is followed by relief of the paralysis. He is always constipated during attacks and his bowels are noticeably free after the attack when he has a marked feeling of well-being. Recent attacks have been milder than this earlier one.

Case 2. L.W.H., Male, aged 36.

The first attack occurred at the age of 15. It was very severe, with much vomiting and followed by acute malaise. Attacks have since occurred at irregular intervals of one to six months lasting from one hour to three days, the long attacks including the malaise following the paralysis, which has been so severe that at times he has had to return to bed. Vomiting during attacks became gradually less marked after the first one and ceased altogether when he was 24, but the attacks remain severe. Since the age of 30 the attacks have been much milder. He is worse in cold weather, but the chief precipitating factor is excitement, anything which causes noticeable palpitation, such as a keen game of billiards, the skid of a 'bus in which he is a passenger, and so on, will produce an attack the next morning. Recent attacks have affected the lower limbs only.

Both patients are noticeably thin, with diminished tendon jerks and exaggerated abdominal reflexes, but otherwise appear completely normal on physical examination. An uncle, who was the second of 6 children, the first 4 of whom were males, had suffered from the disease. His elder brother, who was the patients' father, had 6 children of whom the 3rd and 5th were females, and the 2 patients who are the oldest and the youngest of this family are the only sufferers from the disease.

The further family history is unsatisfactory but no further cases can be traced, and one can only say that inheritance is not dominant and is not through females only. There are no associated diseases. The prominence of excitement as a precipitating factor in both, and the striking gastro-intestinal symptoms are noteworthy. The occurrence of vomiting during the attack and leading to relief I have not previously seen recorded. Both patients are keeping fairly well on small doses of ephedrine.

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Severe Puerperal Infection treated with Prontosil. The Importance of Availability of Blood Donors.

P.B. 26.—Caesarean section was performed on July 17th, 1936, for an impacted breach presentation with extended legs. The puerperium proceeded normally except that the temperature fluctuated between 98° and 100° F. for several days and the pulse rate remained between 95 and 110.

On the 12th day she was noticed to be excitable and restless and these symptoms grew worse until I saw her in consultation on the 16th day of the puerperium, when she exhibited elation, flight of ideas, psycho-motor activity and some confusion. She looked pale and toxic but her temperature was normal and her pulse rate 90, with no other signs of infection, the urine was clear and normal and the blood urea 26 mg. per cent. Treatment with medinal, campolon and salines did no good, the mania increasing and necessitating frequent doses of morphia and hyoscine. On the 19th day vomiting and refusal of food made nursing extremely difficult, and she was admitted to hospital in a state of acute confusion and intense manic excitement.

On examination she was pale, thin, and toxic, temperature 100° F., pulse rate rapid, urine normal, taking only sips of fluid and vomiting frequently. Blood count showed reds 3·0 million, haemoglobin (Sahli) 45 per cent., white cells 14,000, blood group 4. Because of the vomiting and refusal of food she was given stomach wash-outs and tube feeds twice a day, each feed preceded by an intramuscular injection of 1 ampoule of evipan sodium for the violent resistance. (This feeding following evipan injection was kept up for the next 3 weeks and she received 50 ampoules of evipan during that period.) With each tube feed she was given medinal 10 grains and iron and ammonium citrate 50 grains, liquid abstract of cascara being added as required. Sedobrol tablets, paraldehyde, morphia and hyoscine, somnifaine and other sedatives were used from time to time to control the intensity of her violent paroxysms. Campolon was given daily, intramuscularly, from the first day of admission, but on the 25th day, 5 days after admission, the blood count showed reds 1·6 million, haemoglobin 40 per cent., whites 5,000, and she was running an irregular temperature between normal and 101° F. The red cell count was carefully repeated to avoid any possibility of error and found to be 1·7 million. An immediate blood transfusion of $\frac{1}{2}$ pint was given with a male nurse as donor, and the campolon increased to 20 c.c. daily, and a further pint of blood from the same donor was given 2 days later. On the 30th day the count was reds 3·7 million, haemoglobin 55 per cent. Three quarters of a pint of blood was now given from a second male nurse donor and this was repeated a few days later.

The temperature remained irregular but seemed to be settling, the blood condition slowly improved to reds 4·0 million, haemoglobin 70 per cent., white cells 7,000. On the 41st day the temperature suddenly rose to 104·2° F. and this recrudescence coincided with a noticeable mental improvement, fluid food being taken freely for the first time since admission. With her temperature swinging between 99° and 104° F. the blood count fell by the 49th day to reds 2·9 million, haemoglobin 60 per cent. despite two further blood transfusions of $\frac{3}{4}$ pint from the patient's sister, and increased campolon. Confusion and excitement increased and the physical condition rapidly deteriorated, a bed sore appeared in the sacrum, the mouth and tongue were dry, with sordes on the lips, the pulse rate was extremely rapid and emaciation was advanced. The urine contained a little albumin and some unidentified crystals, but no blood. A blood culture gave a pure growth of a non-haemolytic streptococcus, the Widal reaction was negative to all the common organisms. Dr. W. C. Smallwood of Birmingham, called in consultation, advised prontosil, and intramuscular injections of 10 c.c. twice daily were commenced. Further complications now developed, acute abdominal distension from paralytic ileus was successfully treated with injections of

pituitrin and oedema of the hands and feet yielded to salygran. Within a week of commencing prontosil the temperature fell to normal, injections of campolon were kept up, and a further 7th blood transfusion of $\frac{3}{4}$ pint was given from the second male donor.

The blood on the 57th day contained 4.0 red cells and the haemoglobin was 65 per cent. Although the patient's condition was desperate, hope was entertained of her recovery and the doses of prontosil and campolon were reduced. Small doses of a vaccine prepared from the blood culture were given, and by the 64th day the blood count showed reds 4.8 million and haemoglobin 90 per cent.

At this point another sudden relapse set in, the temperature rose to 104° F. again, the sacral bed sore extended and deepened and the skin over both heels became black and broke down, emaciation became extreme, sordes collected on the lips, a "mousey" odour came from the patient and a "typhoid" state developed, the patient at this time showing every evidence of impending death. Again prontosil in doses of 10 c.c. twice a day intramuscularly, together with prontosil album by the mouth, reduced the temperature to normal within a few days. The blood count remained normal and no further use was made of campolon or blood transfusions. Prontosil and the vaccine, at first subcutaneously and then intravenously, were persevered with but no hope of recovery was entertained.

About a fortnight later, when least expected, an improvement was noted, the prontosil was cut down and finally stopped about the 90th day, and the vaccine was discontinued. Although much nursing was thereafter required, recovery proved uneventful and four months after admission to hospital the patient was sent home. Two months after discharge she was looking after her child and doing her own housework.

This case bears striking testimony to the value of prontosil and also illustrates the importance of having blood donors ready typed in a mental hospital.

Mandelic Acid Treatment in Mental Hospital Practice. By Dr. S. A. MACKETH, D.P.M., Deputy Medical Superintendent.

Recently numerous reports in the medical journals have established the efficacy of mandelic acid as a remedy for urinary infections resistant to the exhibition of pot. cit.

A trial here has shown that mandelic acid is specially useful in a mental hospital. The ketogenic diet, on the other hand, is not only less efficacious, it also demands more co-operation from the patient than many psychotics will give, and more flexible catering than obtains in most rate-aided hospitals.

In every subject renal insufficiency must first be excluded, the blood urea being useful as a rough index. Gross causes of urinary stasis must also be treated where possible.

In this hospital, 12 grammes of mandelic acid are given daily in the following mixture (Woodward, Publ. Pharm., October, 1936):—Acid mandelic, 48 gms.; ammon. bicarb., 23.7 gms.; tinct. limonis, 1 fl. drachm.; sol. tartrazin, 1 per cent., 48 minims; saccharin soluble, 8 grains; aq. destill ad., 8 fl. ounces.

Sig. $\frac{1}{2}$ fl. ounce in $1\frac{1}{2}$ fl. ounces water 4 times daily. (The use of the ammonium salt makes it unnecessary in most cases to prescribe a separate urinary acidifier.)

The urinary pH must be tested daily, as the optimum action of the drug is obtained at pH 5.3 or less. Should the pH figure rise above 5.3, ammon. chlor. must be prescribed as required. Fluids are limited to 2 pints daily. By this method a concentration of mandelic acid in the urine amounting to 1 per cent. or more can be maintained. The treatment is continued for 14 days. The majority of cases clear up in 2–10 days, but different organisms display widely varying degrees of susceptibility to the drug.

Effective treatment of the urinary infections of women patients in this hospital has appeared in some cases to cause considerable improvement in their mental condition, especially in involutional melancholia. No such result has been observed in cases of schizophrenia or simple melancholia.

Pellagra associated with a Senile Confusional Psychosis.—By Dr. S. A. MACKEITH, D.P.M.

A case of pellagra in a recently admitted female patient occurred in this hospital in the autumn of 1936. The case was of special interest as regards aetiology and the differential response to treatment of the various symptoms.

Mrs. A. M., a widow aged 76, was admitted on August 22nd, 1936. For over a year she had gradually been becoming depressed, unsociable and apathetic. She had made two attempts to commit suicide by coal gas. There was no family history of mental disease. The patient had 7 children, all healthy. She had complained at times of "chronic rheumatism." Her aged husband had for several years been confined to the house with a spastic paraplegia, and the nursing involved had been a considerable mental strain upon her.

During the two years preceding her admission, she had suffered continually from "indigestion pain," with occasional vomiting. Her appetite was fair, but she was afraid to eat. Her diet consisted during this period of calves' foot jelly, Bovril, Benger's food, and Ovaltine. She would not take milk, and had her drinks made with water. She ate no vegetables because they made her pain worse. She occasionally took small amounts of brandy, but there was no history of previous alcoholism.

Condition on Admission.—When admitted she exhibited some clouding of consciousness, and considerable impairment of intelligence, memory and orientation. She was senile and rather dazed in manner. She made very little spontaneous conversation, but attended well to questions. She was depressed, and at times mildly agitated. She said she would be better dead. She was weak and emaciated, weighing only 6 stone 6½ lbs. Her radial arteries were thickened and tortuous, but her blood pressure was 125/80 and there were no signs of gross cardiac disease. Abdominal palpation revealed no abnormality, and examination of the chest only a few basal rales. She was edentulous. Her tongue was smooth and denuded. There was a moderate degree of "secondary" anaemia. The urine and blood were normal. She walked very unsteadily, and there was some tremor of the hands. The tendon jerks were exaggerated but symmetrical, and the plantar responses were flexor. The left pupil was slightly larger than the right; they both reacted sluggishly to light. No gross sensory impairment was discovered. The skin of her body was pale, dry and rough. That of her face was dry, too, but pink and shiny over the forehead.

In the first 3 weeks she was occasionally agitated and restless, and complained vaguely of headache. During this period only, she was given small doses of medinal, chloral, and bromides at various times. She never received any sulphonal or trional. She took milk and other fluids fairly well, but lost weight steadily.

On September 13th, she complained of malaise and had an offensive diarrhoea. The latter symptom continued at irregular intervals until her death, in spite of energetic symptomatic treatment. Frequent cultures of the stools revealed only *B. coli* and *B. faecalis alkaligenes*. Her temperature ranged in an irregular manner between 97° and 101°, but the pulse scarcely rose above 100.

The weather being warm and sunny, she was nursed on a verandah. On September 22nd, it was noticed that the skin of her forehead and the dorsa of her hands had become scaly, thickened, red, and pigmented. Pellagra was diagnosed, and regular administration of yeast and marmite by the mouth was commenced. On October 3rd she suddenly had a profuse dark

red haemorrhage from the rectum. The bleeding stopped after the hypodermic injection of morphia gr. 1/6th, but recurred every two or three days until her death. Digital examination of the rectum revealed only external haemorrhoids of long standing.

The pellagrous skin areas were meanwhile healing rapidly, and by the middle of October had completely cleared. There was, however, no improvement in the mental confusion, rectal haemorrhage, or diarrhoea. She became more apathetic and oblivious of her surroundings. She continued to lose weight, and began to take fluids less well. On October 23rd her temperature, pulse rate, and respiration rate rose steeply, and on the following day she died.

A post-mortem examination was made. The bases of the lungs were congested. The heart was small, and myocardial degeneration was advanced. The mitral and aortic valves showed old fibrosis. There was some atheroma of the coronary arteries and of the aorta. The liver and kidneys were pale, but showed no gross evidence of disease. The stomach was adherent along its lower margin to the anterior abdominal wall, but otherwise appeared normal. The large intestine showed some diverticulosis, with marked congestion of the mucous membrane of the descending and pelvic colon. The brain and spinal cord were not examined.

Death was attributed to senile decay, with pellagra as an adjuvant factor.

Discussion.—In view of the rarity of pellagra in Great Britain, it is of interest that two cases occurred in this hospital in 1935. These have been fully reported by Parfitt (1). In the present case, as in them, the disease appeared in a recently admitted patient and presumably had commenced before admission and been the chief cause of the mental condition.

The association of chronic alcoholism with pellagra has been stressed by Boggs and Padget (2), but in the present case there was no history of alcohol, except for the small quantities taken during the 2 years preceding admission. The diet taken by the patient during that period was deficient not only in Vitamin B₂ but also in first-class protein, fat, and vitamins generally. This is of interest in view of the opinion advanced by Lowe (3) and Guha (4) that Vitamin B₂ deficiency is not the sole cause of pellagra.

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- (2) BOGGS, T. R. and PADGET, P. *Bull-Johns Hopkins Hosp.*, 1932, 50, 21.
- (3) LOWE, J. *Ind. Med. Gaz.*, 1931, lxvi, p. 491.
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The Relative Efficacy of Luminal and Prominal in the Treatment of Epileptic Patients.—By Dr. S. A. MACKEITH, D.P.M.

In Part 2 of the Board of Control Report for 1935, 2 city mental hospitals recorded great improvement produced in epileptic patients by substituting prominal for luminal in their treatment.

Barber and Hemphill (p. 165) reported greatly diminished frequency of fits in three out of their four patients, and in all cases improved conduct and diminished irritability. Millar Page (p. 171) reported less frequent fits in all of his four cases, the patients being also less confused and more contented. Mental excitement and aggressiveness he found to be unaltered.

In the present series of cases, the results of substituting prominal for luminal were, on the whole, rather disappointing. Six patients were observed over a period of 24 months, commencing on September 1st, 1934. During the first 12 months they were under treatment with luminal. The change-over to prominal was made by the well-known gradual method, originally worked out by Blum (*Deut. med. Woch.*, 1932, No. 18.) Each patient was, as the

manufacturers suggest, given at first an amount of prominal 50 per cent. greater than the luminal he had been receiving, the dose being subsequently modified to suit his individual requirements. Prominal treatment was maintained in 3 cases for 12 months, but in cases (1), (2) and (3) it had to be terminated after 3, 2, and 3 months respectively, owing to the patients having become much worse.

Case 1, M. G. M.—Average number of fits monthly with luminal (gr. 2 daily), 46. Average number of fits monthly with prominal (gr. 3–4½ daily), 51. With prominal he was more confused and much more troublesome. (Subsequently with luminal gr. 3–4 daily his fits diminished to 25 monthly).

Case 2, F. S.—Average number of fits monthly with luminal (gr. 2 daily), 10. Average number of fits monthly with prominal (gr. 3 daily), 13. This patient was always aggressive and impulsive. With prominal he became dangerously violent, but he settled again when put back on luminal.

Case 3, F. G. E.—Average number of fits monthly with luminal (gr. 4 daily), 42. Average number of fits monthly with prominal (gr. 6 daily), 22. With prominal he was more confused, restless, and destructive. (Subsequently with luminal, gr. 2–4 daily, his fits further diminished to 18 monthly, and he reverted to his previous mental condition.)

Case 4, H. G. G.—Average number of fits monthly with luminal (gr. 2 daily), 58. Average number of fits monthly with prominal (gr. 3–6 daily), 44. There was no appreciable change in his mental condition.

Case 5, S. R. M.—Average number of fits monthly with luminal (gr. 2 daily) 27. Average number of fits monthly with prominal (gr. 3–6 daily), 23. With prominal he became a little more docile.

Case 6, H. S.—Average number of fits monthly with luminal (gr. 2–3 daily), 19. Average number of fits monthly with prominal (gr. 4½ daily), 9. With prominal, he was considerably less confused and more active.

Summary.—The effects of substituting prominal for luminal were as follows:—

Case 1. Number of fits slightly increased. Mental state worse.

Case 2. Number of fits slightly increased. Mental state much worse.

Case 3. Number of fits halved. Mental state much worse.

Case 4. Number of fits slightly reduced. Mental state unchanged.

Case 5. Number of fits slightly reduced. Mental state slightly improved.

Case 6. Number of fits halved. Mental state much improved.

Laboratory Work.—The following is a summary of the work done in the laboratory during the year:—

Blood: W.R., 328; Kahn, 255; Widal, 14; culture, 1; for urea, 118; for bromide, 20; for sugar, 3; r.cc., 131; w.cc, 72; differential count, 38; haemoglobin, 131; typing, 9; Van-den-Bergh, 2. Urine: sp. gr. 1,242; reaction, 1,242; albumen, 1,242; sugar, 1,242; acetone, 1,242; indican, 1,242; deposits, 899; culture, 77; urea in 6. Faeces: culture, 36; for occult blood, 10; for T.B., 22; for ora, 2. Sputum: for T.B., 41. C.s.f.: W. R., 86; Kahn, 69; globulin, 69; colloidal gold, 86. Tooth roots: culture, 15. Test meals: fractional, 167; fasting juice cultures, 167. Cervical swabs: direct smears, 28; cultures, 28. Throat swabs, 27: various pus swabs, cultures, 11. Autogenous vaccines, 2; pathological sections, 6; antral lavage, cultures, 24; various analysis of water, soap and wax samples, 30. Post-mortems, 46 (38 per cent. of deaths).

Blood transfusions continue to be used as indicated, 10 such transfusions being given in 1936, with male nurses as donors.

Publications.

“Pellagra in Recent Psychoses,” by D. N. Parfitt, *Journ. Ment. Sci.*, 1936, July.

“Treatment of Mania,” by D. N. Parfitt, *Journ. Ment. Sci.*, 1936, September.

L.—FROM THE ISLE OF WIGHT COUNTY MENTAL HOSPITAL.

Report of Research Work.—Communicated by Dr. C. DAVIES-JONES, Medical Superintendent.

Laboratory Work.—The following is a summary of the work carried out in the hospital laboratory :—

Urines (additional to simple routine examinations carried out in the wards), 284; blood counts, 31; blood cultures, 5; Widal's, 15. C.s.f. : gold-sols, 9; globulins, 9; cell counts, 9. Bacteriological : faeces, 132; urines, 5; pus, 2; throat swabs, 7; sputa, 7; stools for ova, 1; farm blood cultures (pigs), 3; Milk, 3; glands of pigs, 3. Histology : brain, 1; intestine, 1.

Some Observations upon the practical aspect of the Mental Treatment Act.

This Act has given considerable scope for study and research in regard to its interpretation and application in relation to treatment and mental hospital administration and it has seemed possible that to outline some of the problems and difficulties which have arisen might serve some useful purpose.

In my opinion one of the essentials to the proper use of the Act lies in making the fullest application of the permissive powers therein accorded to local authorities to form and finance out-patient centres.

Despite a statement to the effect that there appeared to be little scope for centres on the island, the Mental Welfare clinics were instituted in 1932, and it has become increasingly apparent that experience has emphatically contradicted that statement. During the first year a total of 92 patients were dealt with. During 1936 that total became 211. It appears to me to be a *sine qua non* for the success of such a clinic that sessions should be frequent and that as many centres as possible should exist to render access easy and inexpensive. At the moment 4 sessions are held each week at the following centres : The General Hospital, Ryde; Northwood House, Cowes; The County Hall, Newport and Whitecroft. There is reason to believe that an additional centre in the Freshwater area would serve a useful purpose. I have already outlined in the contribution made to last year's Annual Report the differentiation maintained to exist in having centres at the General Hospital, municipal buildings and the Mental Hospital, and there is no need to say more upon that aspect than to observe that the contention appears, in the light of further experience, to have justified itself. The clinic, quite apart from its primary function of treating early forms of mental illness, the neuroses, etc., has shown itself to have been able to afford help in other directions. For example, it has been of service to encourage doctors to send would-be applicants for admission to the mental hospital on a voluntary basis to one of its sessions rather than to send them direct to the hospital. This practice allows to be made a full and free discussion of the various aspects of the Act which affect voluntary patients, and has had the good result that the patient has arrived at the hospital fully aware of his or her legal rights and more frequently devoid of the tendency to be suspicious of entry to what is still thought of as "the Asylum." I consider that this preparatory step is most essential to successful treatment. I need hardly enlarge upon the usefulness of the clinic in regard to the after-care of patients discharged from the Mental Hospital or for the supervision of those allowed out on probationary periods of trial. In regard to the latter the committee usually agree to the recommendation to a monetary allowance and this is then made at the clinic and serves to cover, among other things, travelling expenses.

At the present moment it is to be regretted that no organized system of "Child Guidance" exists on the island. The facilities exist and I have little doubt that such an institution will eventually materialize. Meanwhile the clinic finds itself *faute-de-mieux* obliged to fulfil this function. The number of children presenting difficulty who attend is increasing annually. During 1936 no less than 39 persons between the ages of 3 and 16 were dealt with and it is significant to note that only 6 showed the existence of mental deficiency

to varying degrees. The clinic has been of specific use in regard to children dealt with in the "Children's Courts," it being frequently the practice of the justices to place children upon probationary periods, including the requirement of attendance at the clinic and the provision of interim reports of progress. In certain instances attendance at the court by the medical officers of the clinic has also been sought.

One still hears, in regard to the provisions for the admission of voluntary and particularly temporary patients to the Mental Hospital, that they are involved and cumbersome, and stultify progress. I do not find myself to be in agreement with this attitude. Those outside the medical staff of the Mental Hospital who are in any way concerned with the application of sections 1 and 5 must, in my opinion, look to the former for guidance in this relationship and such guidance and advice should not merely be accorded but definitely displayed. The lay public also require to have the provisions of the Act simply but fully explained to them in "Talks" and Lectures. Contributions to the local Press from time to time have also been of assistance in educating the outside mind and it is becoming distinctly evident that medical practitioners and the laity are realizing the benefits conferred by the Act and availing themselves thereof to increasing degrees.

With regard to the admission and treatment of the voluntary patient, experience here has resulted in our being able to discuss many "pros and cons."

Fortunately, I think, no statutory form upon which the written application for admission is to be made is prescribed. As time has gone on experimental printed forms have led me to adopt one which appears to meet the requirements. It seems essential that such a form should disclose its terms in "plain English," and should be very honestly worded. The one in use here is boldly headed with the legal title of the hospital, thus no doubt is allowed to enter the patient's mind at the outset (needless to say the clinic has afforded full explanation in regard to the Mental Hospital. Then follows the application. It runs as follows: "I (state full name) . . . of (state postal address) wish to be admitted for treatment in your Hospital as a Voluntary Patient. I make this application of my own free will upon the distinct understanding that I have the legal right to discharge myself from your Hospital by giving you not less than three days' (72 hours) notice in writing of my intention to leave. I understand that a proper form for this purpose may be demanded by me from the Nurse in charge of my ward. I also undertake to observe the rules and regulations of this Hospital." When this has been signed, and if the mental state of the patient permits, the "Statement of Particulars" is completed, failing this, these particulars are obtained from the person accompanying the applicant. This statement includes particulars of income and property of the applicant, and concludes with an offer to contribute towards maintenance with the proviso of confirmation by the Public Assistance Committee. A duplicate copy of the application is in due course sent to the Public Assistance Officer. These latter arrangements were arrived at by myself in consultation with the Public Assistance Officer with a view to achieving smooth collaboration between the Committees concerned and to remove all possible barriers which tend to inhibit the admission of rate-aided voluntary patients.

Prior to admission the patient is given distinctly to understand that no guarantee of any kind can be given as to allocation to ward but that this is dependent upon classification upon mental grounds. The large majority of such admissions proceed to the separate Admission Villa but are transferable for due reason. In each ward a composite notice is posted up for patients to read and fulfils not only the Board's requirements (letters, etc.) but reminds voluntary patients of their legal rights and of the means to obtain discharge forms. There is added here a strong recommendation that the desire to leave the hospital should be discussed with one of the doctors. Should there arise during the interval elapsing between notice to leave and actual departure any desire upon the part of the patient to remain longer, it is

required that the fact shall be stated in writing upon the back of the notice to leave in the form of a request to withdraw the latter and if deemed proper the request is then granted. As soon as the notice to leave has been submitted to me it is my habit to dictate a letter to the nearest relative and not to use any printed form. This allows of special and individual detail and advice but always includes a request that some relative or responsible friend shall attend to accompany the patient upon departure. This is stated to be an essential requirement. Often if thought proper the remark is included that readmission upon a voluntary basis will be agreed to or not. Subsequent attendance at the clinic is frequently expressed.

With regard to the type of mental illness suitable for voluntary admission I have little to say beyond that it seems desirable to adhere to the provisions of section 1, namely, that "Any person who is desirous of voluntarily submitting himself" may be received. We have never felt that actively suicidal patients seeking admission should be turned away or that the opportunity of malariotherapy in early G.P.I. should be lost. Manic-depressive types have been admitted again and again, some being advised at the clinic that the time to seek admission is at hand.

Finally, one has to deal with the voluntary patient who through change of mental state cannot be kept in that category any longer. Certification is to be deplored if avoidable and for this reason it is the habit here to allow all who express willingness, to remain in the voluntary category. Where proper, resort to the provisions of section 5 has avoided the need for certification. When it is, however, inevitable to detain a patient without an Order and it is at the same time not proper to discharge the patient prior to certification the relatives are informed of the need, and their sanction being granted, the process is carried out at the hospital. In certain cases removal to the mental wards of the Public Assistance Institution under a "14 days' order" has not been overlooked.

The regrading of patients whose malady is of long standing and chronic type is not overlooked and has so far had no undesirable result. It appears to be particularly desirable where possible to regrade "Service" patients to the voluntary class upon receipt from the Ministry of Pensions that no financial difficulties shall arise for the patient concerned.

I suppose that it is a general experience that the application of section 5 is more intricate and involved. At the same time I would feel averse from saying that here there were insurmountable difficulties. Speaking broadly, the difficulties fall into two groups. There are those concerning the mental state of the patient and those which relate to the interpretation of the section upon the part of medical practitioners. Of course, it is obvious to ensure that all admissions under this section are non-volitional. It does not appear to me that any good accrues from in any way "begging this question." If this point presents difficulty to the medical officers of mental hospitals it may be concluded that these will exist in considerably greater force in the mind of medical practitioners and others outside the mental hospitals. For this reason it has been the practice here to encourage consultation between these parties wherever any problem arises and it is rare for any temporary admission to take place here without such having taken place either by discussion over the telephone or by actual visit. Whenever necessary the services of those doctors on the hospital staff who are approved for the purpose of making recommendations are available. It is slowly being grasped that the recommendations made under this section are made after joint consultations between the two medical men concerned and that there is no requirement that the examinations of the patient should be made separately. It has been necessary to devise some method to prevent the deletion of one or more of the conditions in paragraph I of the joint declaration and after consultation with the Board of Control an effort has been made in the following manner: By means of a rubber stamp there is impressed upon each form for the reception of a temporary patient in the appropriate place

the following note, "Please note—each of the 3 conditions in this paragraph must be fulfilled to render patient eligible under section 5 of the Act." The form being a statutory one, it is not permissible to arrange to have it printed in any manner which deviates from the prescribed details but the use of a rubber stamp appears to meet the requirements without infringement. That some such note is needed is shown by the frequency, for example, with which it has been the case that the declaration that the patient "is for the time being incapable of expressing himself as willing or unwilling to receive such treatment" has been deleted.

It has been found useful to supply every medical practitioner who is approved by the Board for the purpose of making recommendations under the Act with the necessary forms.

In some quarters it has been stated that what amounts to an improper interpretation as to the eligibility of persons suitable for admission under section 5 obtains and accounts for high percentages of admissions of temporary patients. It has already been indicated that the percentage of admissions under this section will be much in excess of 15 per cent. and at this hospital this has been found to be the case, and having in view the number of instances where I have found it proper to advise that admission as a temporary patient *cannot* take place on account of ineligibility, I feel that, when there is any very large excess percentage of temporary admissions, it is possible that the legal requirements are not being sufficiently observed.

LI.—FROM THE NORTH RIDING MENTAL HOSPITAL, YORK.

Pathological Report.—Communicated by the Medical Superintendent.

During the year 5,157 examinations were made :—

Bacteriological examinations : faeces for typhoid and dysentery groups, 1,491; scrapings : gall bladder, 46; gall stones, 12; bowel and appendix, 92. Swabs, 22; sputa, exudates, urine, 83; drinking water, 1. Urine analysis, 2,376; stomach contents, 2; occult blood, 1. Blood : sugar estimations, 42; Widal reactions, 477; Meinicke-Micro reactions, 190; counts and films, 62; cultures, 10; Van den Bergh reaction, 4. C.s.f. : Meinicke-Micro reaction (Pandy & R. Jones), 77; Wassermann reaction (Leeds University), 30. Histological tissue (Blocks), 56. Museum specimens, 14. Vaccines, 4.

LII.—FROM THE BRISTOL CITY MENTAL HOSPITAL.

General Report.—By Dr. J. J. B. MARTIN, F.R.C.P., D.P.M., Medical Superintendent.

A.—*Pathological Report.*

Pathological and Biochemical.

During the year 2,176 examinations were made, an increase of 364 over the figure for 1935.

Summary of Examinations :—

Urines : routine, for abnormal cellular and chemical constituents, 1,384; special examinations, 29. Blood : total and differential counts, 102; haemoglobin, 11; malarial films, 29; cultures, 2; chemical, 48; Widal reaction, 14; Wassermann reaction, 324. C.s.f., complete examination—*i.e.*, cell count, protein and chloride estimation, Lange curve and Wassermann reaction, 20. Faeces, bacteriology, 19. Sputa, 46. Other cultural examinations, 22. Histology, 20. Post-mortem examinations, 53 (55·8 per cent. of deaths).

Clinical.

1. *Dysentery Prophylaxis.*

Following the procedure of previous years, prophylactic injections have been given to 282 new cases on their admission to hospital. All cases received the vaccine unless considered too ill to justify inoculation. Once again it is

gratifying to report that no case of dysentery has occurred in the hospital during the year; 17 cases of mild diarrhoea were investigated but with negative bacteriological results, and all quickly recovered.

The vaccine used has been prepared from the Flexner W.X. strain which was formerly endemic in the institution, and the results of the preventive inoculations have again been most successful.

2. *Diphtheria.*

The hospital staff and patients have been free from this infection during the recent epidemic. A number of the nursing staff suffered a small epidemic of tonsillitis in July, but repeated cultures were negative for diphtheria; in some cases the haemolytic streptococcus was incriminated and appropriate measure taken.

3. *Syphilis in New Admissions.*

Routine examination of new admissions has again been conducted and 303 cases have had the Wassermann reaction performed. Of 133 males, 10 (7·5 per cent.) showed positive reactions, and of 170 females, 6 (3·5 per cent.). The higher incidence in the male sex previously noted is again apparent. Of the 16 positive cases 11 were general paretics and only 5 suffered from other forms of mental disorder (mania 1; melancholia 3; dementia 1). Excluding cases of G.P.I. only 1·6 per cent. of cases show serological evidence of syphilitic infection.

B.—*Clinical Investigations.*

Malaria Treatment in General Paralysis.—By Dr. L. BARBER, D.P.M.

Malaria treatment continues to be given in this hospital to suitable cases of General Paralysis of the Insane. During 1936, 7 cases have been treated, 5 males and 2 females, making a total 72 cases treated since malaria therapy was adopted in this hospital.

Of the 7 cases treated in 1936, 4 have been discharged recovered, and 3 still remain in hospital; of these, 2 are improved and 1 is unimproved.

Prominal in Epilepsy.—By Dr. L. BARBER, D.P.M.

During 1935, 4 selected cases of epilepsy were treated with prominal (grains 3 twice daily) and the results were so encouraging that in 1936 a larger series of cases was treated with this drug to the exclusion of other forms of treatment.

Eleven male epileptic patients were treated with prominal, and a comparison of the number of fits they had before prominal was used and afterwards is as follows :—

	Number of fits in 10 months while on other drugs.	Number of fits in 10 months while on prominal.
H. V. M.	37	30
H. C. B.	56	38
P. I.	21	17
G. S.	48	19
J. H.	60	40
R. E.	29	4
J. T. B.	42	29
Total	293	177

	Number of fits in 2 years while on other drugs.	Number of fits in 2 years while on prominal.
E. H.	159	151
J. P.	225	153
P. P.	325	183
G. McV.	96	32
Total	805	519

From these tables it will be seen that there has been a remarkable reduction in the number of fits in all but 3 cases; in the majority of cases the number of fits has been halved. The improvement in the mental state of the patients has been striking. They are much more alert, are less irritable and are all usefully employed.

Blood changes in Epilepsy.—By Dr. L. BARBER, D.P.M.

With a view to ascertaining if there is any change in the blood picture of epileptics as the result of fits, a series of patients were examined at specified times during the day and as soon as possible after an epileptic fit. The results are set out on page 155.

The blood picture remained very constant in each case and no changes attributable to epileptic seizures could be demonstrated.

Sodium Amytal.—By Dr. R. E. HEMPHILL, D.P.M.

This drug was given a trial on a small group of selected cases. The patients chosen had been constantly noisy and restless and required daily sedative.

Sodium amytal up to Grs. VI. B.D. was substituted for their customary sedative. Each case was observed to be quieter and to sleep better for the first few days of treatment but subsequently became rather worse than before; possibly due to the irritability sometimes observed after repeated doses of this drug. No further trial seemed to be justified. It would appear that sodium amytal can be used with adequate value in the noisy patient only if administered intermittently.

The Calcium Content of the Blood Serum in Dementia Praecox.—By Dr. R. E. HEMPHILL, D.P.M.

It was considered possible that a noteworthy difference might be found between the calcium content of the blood serum of patients of the katatonic type of dementia praecox and the other forms of this disorder.

In all, 42 patients were investigated, of which 15 showed marked katatonic symptoms. The estimation was made by the method of Kramer and Tisdall.

Of the whole 42 cases of this series the highest and lowest values were 12.0 mgs. per 100 c.c. serum and 8.5 respectively. The highest and lowest values of the katatonic group were 12.0 and 8.8, and, of the remainder, 11.7 and 8.5 respectively. Of the katatonic group only 4 cases showed a reading of less than 10.0; and of the remainder 11 cases were less than 10.0 mgs. per 100 c.c.

The average calcium content of the 15 katatonic cases was 10.4, of the remainder 10.1.

As far as could be arranged the diet of all patients was the same and none were obviously suffering from bacterial infection.

The figures show that the average calcium content of the blood serum of both groups of patients in the dementia praecox class were well within normal limits.

Name.	Examination at 9.15 a.m.				Examination at 1 p.m.				Examination at 3.30 p.m.			
	R.B.C's.	W.B.C's.	HbO ₂ .	C.I.	R.B.C's.	W.B.C's.	H.b.O ₂ .	C.I.	R.B.C's.	W.B.C's.	HbO ₂ .	C.I.
A. M.	...	4,250,000 4,330,000	per cent. 82 76	0.9 0.8	4,700,000 3,900,000	7,187 6,250	per cent. 86 80	0.9 1.0	4,540,000 4,040,000	7,500 7,812	per cent. 84 78	0.9 0.9
W. R.	...	4,960,000 4,680,000	94 90	0.9 0.9	4,610,000 4,500,000	8,125 7,187	92 94	1.0 1.0	4,670,000 4,610,000	7,812 6,875	92 92	0.9 1.0
G. McV.	...	5,140,000 4,900,000	98 98	0.9 1.0	4,880,000 4,820,000	7,187 6,250	96 98	1.0 1.0	5,030,000 4,740,000	6,250 6,875	98 96	0.9 1.0
J. P.	...	5,210,000 5,020,000	94 98	0.9 0.9	5,000,000 4,760,000	6,875 8,125	96 96	0.9 1.0	5,040,000 5,050,000	7,187 8,125	94 100	0.9 1.0
E. W. R.	...	4,880,000 4,450,000	92 90	0.9 1.0	4,580,000 4,720,000	5,937 6,250	90 94	1.0 1.0	4,770,000 4,400,000	6,875 7,812	92 92	0.9 1.0
E. H.	...	4,990,000 4,880,000	96 92	0.9 0.9	4,980,000 4,800,000	8,125 7,000	98 92	1.0 0.9	4,820,000 5,020,000	8,437 8,436	94 94	0.9 0.9
P. I.	4,760,000 4,760,000	90 92	0.9 0.9	4,800,000 4,800,000	7,187 8,436	90 92	0.9 0.9	4,580,000 4,430,000	8,436 7,187	92 90	1.0 1.0
H. P.	...	3,860,000 4,280,000	80 90	1.0 1.0	4,420,000 4,400,000	6,875 7,000	86 88	1.0 1.0	4,260,000 4,500,000	7,187 8,436	84 90	1.0 1.0

LIII.—FROM THE CITY OF CANTERBURY MENTAL HOSPITAL.

Laboratory Work.—Communicated by the Medical Superintendent.

The following 193 examinations were carried out during the year :—

Urine : routine examinations, 113. Blood : Wassermann reactions, 67; Widal reactions, 7. C.s.f. : Wassermann reactions, 6.

LIV.—FROM THE DERBY BOROUGH MENTAL HOSPITAL.

Report of Pathological and Clinical Investigations.—By Dr. JOHN BAIN, M.A., Medical Superintendent, and Dr. W. J. BARBOUR, D.P.M., Pathologist.

A.—Pathological and Biochemical.

During the year 1,121 examinations were made, as follows :—

Urines : routine, 389; special, including bacteriological and urea concentration tests, 114. Faeces : bacteriological, 20; special reactions, 4. Blood : total counts, 24; differential, 18; sugar estimations, 16; urea estimations, 25; non-protein nitrogen, 6; creatinine, 10; Van den Bergh, 3; agglutinations, 14. Blood sera for Kahn reaction, 92. C.s.f. : complete examination, 47; cell count, 47; protein content, 31; globulin tests, 44; gold curve, 47; Kahn tests, 47; chloride estimations, 40; sugar estimations, 12. Bacteriological : swabs and cultures, 41; sputum examinations, 33; gastric contents, 10; skin, water, milk, 13. Organs cut and stained, 147. Organs permanently mounted for museum, 4. Post-mortem examinations, 45 (92 per cent. of deaths).

B.—Clinical.

1. *Syphilis in relation to mental disorder.*—Investigation of the incidence of Syphilis was continued, the blood being examined by the Kahn test and the cerebrospinal fluid tested by at least the four classical tests, viz. Kahn, cell count, gold curve and globulin estimation.

The results are as follow :—

Of 35 female admissions examined 3 gave a positive blood Kahn (total admissions—65).

Of 35 male admissions examined 7 gave a positive blood Kahn (total admissions—53).

Table of Female Cases :—

Initials.	Admitted.	Age.	Blood.	C.s.f.	Diagnosis.	Result.
F. T. ...	9.5.36	48	+	+ Paretic Curve.	G.P.I.	Alive.
E. W. ...	23.6.36	21	±	—	Recurrent Mania.	Alive.
S. C. ...	18.12.36	41	+	± Luetic Curve.	Recent Mania.	Alive.

Table of Male Cases :—

Initials.	Admitted.	Age.	Blood.	C.s.f.	Diagnosis	Result.
W. M. ...	27.2.36	59	+	+	G.P.I.	Discharged.
W. C. J. ...	3.2.36	78	+	—	Senile Dementia.	Died.
G. E. C. ...	24.2.36	56	+	+	G.P.I.	Died.
F. H. ...	24.2.36	52	+	+	G.P.I.	Died.
W. C. ...	13.5.36	56	+	+	G.P.I.	Discharged.
F. W. ...	22.10.36	41	+	—	(?) G.P.I.	Alive.
R. F. H. ...	5.12.36	46	+	+	G.P.I.	Alive.

LV.—FROM THE GATESHEAD BOROUGH MENTAL HOSPITAL.

Laboratory Report.—Communicated by the Medical Superintendent.

During the year 1,712 investigations were carried out in the laboratory. A summary is subjoined :—

Blood : Wassermann reaction, 187; cell counts—red, 26; white, 11; sugar estimation, 5; sugar tolerance curve, 7; haemoglobin estimation and colour index, 30; films (parasite pictures, etc.), 84; urea estimation, 10; agglutination—B. Typhosus, 54; B. para A, 50; B. para B, 50; melitensis, 4; B. abortus, 4. C.s.f. : Wassermann reaction, 37; Langes gold reaction, 41; Pandy's globulin, 41; cell count, 4; cultures, 2. Urine : routine including microscopic exam. and cultures, 958; Staff tests, 13. Pus : Films, 9; cultures, 2. Faeces : cultures, including sugar reactions for dysentery and typhoid, 71; T.B. examinations, 4. Sputum : T.B. examinations, 8.

LVI.—FROM THE LEICESTER CITY MENTAL HOSPITAL.

Laboratory Report.—By Dr. T. WISHART DAVIDSON, D.P.M., Pathologist.

Routine laboratory investigations during the year were as follow :—

Bacteriological examination of faeces, 288; culture of blood, urine, pus and exudates, 61; examination of sputum for T.B., 80; of faeces and urine for T.B., 141; blood counts, 404; benzidine tests, urea estimations, Van den Bergh reactions, blood sugar tolerance tests, test meals, sedimentation tests, blood analyses, etc., 203; Widal tests, 2; c.s.f. examinations, 19; malaria blood films, 104; Wassermann reaction of blood, 217; of c.s.f., 19; Vernes test of blood, 210; Meinicke test of blood, 216; urine examinations, 825; post-mortem examinations 75 (97·7 per cent. of deaths).

Wassermann Reaction.—(M.R.C. No. 1 Wyler modification).—Of the 223 direct admissions blood from 174 was examined; the remainder were not tested as they were either re-admissions and known negatives or died or were discharged shortly after admission. Of the 95 females examined, 4 (4·2 per cent. —) gave a positive reaction; and of the 79 males, 7 (8·9 per cent. —) were positive.

The incidence rate for syphilis in the 174 admissions tested was 6·3 per cent. General paralysis was diagnosed in 4 patients, one female and 3 males. Comparing this incidence rate with that of 1926, namely 19 per cent., which included 21 general paralytics, a very striking fall is seen. Whether this difference is due to more effective treatment in the early stages, or to an actual fall in the incidence rate is a matter for speculation.

Syphilimetric Method of Vernes.—During the year 174 admission cases were tested by the Vernes method, and the results compared with the Wassermann reaction. There was complete agreement in 163 (93·7 per cent.). In the 11 instances of disagreement (6·3 per cent.), the variations in reading were as follow :—

Wa. R. + V — 4 (2 clinically syphilis).
 Wa. R. — V ? 1 (clinically not syphilis).
 Wa. R. — V ? 6 (clinically not syphilis).

Since the Vernes method was introduced in 1929, blood serum from 1,357 admission patients has been examined. In 1,280 instances (i.e., 94·3 per cent.) there has been complete agreement with the Wassermann reaction and in 77 (5·7 per cent.) there has been disagreement. The variations in reading have been as follow :—

Wa. R. + V — 29 (22 clinically syphilis).
 Wa. R. + V ? 23 (22 clinically syphilis).
 Wa. R. — V + 7 (1 clinically syphilis).
 Wa. R. — V ? 16 (5 clinically syphilis).
 Wa. R. ? V — 2 (None clinically syphilis).

It is now possible to state with more conviction the opinion that a positive Wassermann is a more reliable finding than a positive Vernes; that a negative Wassermann is less likely to be a misleading finding than a negative Vernes; and that the Vernes doubtful zone is unfortunately so indefinite that it is often difficult to interpret as compared with the sharper Wassermann.

The Vernes test, with its numerical reading would appear to be the better method for controlling treatment, and the Wassermann, or Meinicke, for diagnosis.

Meinicke Test.—This test was also carried out on the 174 admissions and there was agreement with the Wassermann in 171 (98·2 per cent.). In the 3 instances of disagreement, where the Wassermann was positive and the Meinicke negative, there was no clinical evidence of syphilis.

Malarial Treatment of General Paralysis.—Of the 4 paralytics admitted during the year, only 1 was treated by the inoculation of malarial blood. He was a voluntary patient and he benefited so much that he was able to depart from hospital greatly improved.

Of the 3 untreated cases, 1 male and 1 female were not in a sufficiently good physical state to justify the risk of treatment, and the third, a male, suffered from severe cardiovascular syphilis, and showed signs of an aneurism. It is of interest to record that in his case a natural remission took place and he was finally discharged as "recovered."

Since malaria treatment was commenced in 1924, 117 patients have been treated and the results to the end of 1936 are as follow :—

Discharged	...	...	...	...	36	30·8 per cent.
Improved	...	...	...	...	1	0·8 per cent.
Unimproved (including 1 who was discharged, but relapsed and was readmitted)	...	...	...	...	20	17·1 per cent.
Died	...	...	...	...	60	51·3 per cent.

Of those who died, 6 were patients who had been discharged, but relapsed and were re-admitted. In 11 instances death was associated with the malarial treatment.

Out-Patient Centres.—Out-patient centres continue to be run at the "Tower House"; at the "Francis Dixon Lodge," a unit opened in July for the treatment of selected voluntary patients of both sexes; and at the Leicester Royal Infirmary. At least 3 members of the medical staff have devoted time to out-patients, of whom a number of suitable cases have received treatment on analytical lines. Individual visits paid varied from 1 to 64.

Of the 122 patients seen during the year at the "Tower House" and "Francis Dixon Lodge" centres, 86 were new cases. Thirty patients were admitted to the hospital on a voluntary basis, and 3 under certificate. In all 745 visits were recorded.

The new patients seen were classified as follow :—

Psychoneuroses, 44; manic-depressive psychosis and involutional melancholia, 18; schizophrenia, 6; paraphrenia and paranoia, 3; senile states, 5; epilepsy, 3; mental defect, 3; organic nervous diseases, 4.

LVII.—FROM THE CITY OF LONDON MENTAL HOSPITAL.

Laboratory Report.—Communicated by the Medical Superintendent.

The following is a summary of work carried out in the laboratory during the year :—

Analyses of specimens of urine, 660; blood cell counts, 1; examinations of specimens of faeces and urine for bacillus typhosus, etc., 115; examinations of swabs, 7; of sputa, 7; agglutination tests, 3. Miscellaneous reactions, differentiation of bacteria, preparation of all medias, sugars, stains, etc.

LVIII.—FROM THE NEWCASTLE UPON TYNE CITY MENTAL HOSPITAL.

General Report.—By Dr. H. D. MACPHAIL, O.B.E., Medical Superintendent.

Laboratory Report.—The following examinations were made during the year :—

Urines : Routine, 420; special (including bacteriological and chemical), 100. Faeces : bacteriological, etc., 6. Blood : differential counts, 18; films (malaria, etc.), 330; Widal reactions, 12; Wassermann reactions, 16; bacteriological cultures, 5. C.s.f. : Wassermann reactions, colloidal gold curves, etc., 15 of each. Bacteriological swabs and cultures, 15. Sputum examinations, 15. Post-mortem examinations, 36.

During the year 268 inoculations of anti-typhoid, paratyphoid, prophylactic vaccine and other anti-sera were given to patients and members of the staff.

Malarial treatment of General Paralysis.

As in last year the patients admitted during the first period of the year were unsatisfactory from the point of view of treatment, more suitable cases being received later. One patient submitted himself for voluntary treatment. Of 18 cases received, 14 have received treatment, 2 were too debilitated, 1 was transferred elsewhere, and 1 died previous to treatment period.

In 8 cases treatment had to be terminated early owing to debility, and only 6 patients were able to undergo a full course of rigors. One case had been previously treated by radio-thermy without benefit.

Of cases treated in 1935 and 1936, 7 have been discharged during the year.

Malarial therapy continues to be supplemented by injections of tryparsamide.

Intra-muscular injections of liver were given to most cases, but apart from slight improvement in the physical condition no noticeable changes were evident.

The following figures give a summary of results since the year 1928 when special treatment was begun, and also for preceding years :—

Year.	Admission of General Paralytics.	Deaths.	Remaining at the end of the year.	Treated.		Discharged.		
				M.	F.	M.	F.	T.
1924 ...	17	19	23	—	—	1	—	1
1925 ...	16	18	22	—	—	—	—	—
1926 ...	19	23	23	—	—	1	—	1
1927 ...	18	20	19	—	—	—	—	—
1928 ...	15	14	20	17	4	3	—	3
1929 ...	22	12	29	9	3	2	—	2
1930 ...	24	12	28	7	6	1	4	5
1931 ...	20	12	40	7	7	2	3	5
1932 ...	18	10	35	21	3	6	3	9
1933 ...	12	3	35	5	—	7	—	7
1934 ...	8	9	34	4	3	1	2	3
1935 ...	13	2	42	11	3	1	1	2
1936 ...	18	6	46	11	3	6	1	7

Crystal Formations in the Cerebro-Spinal Fluid, with reference to General Paralysis.

Following investigations by K. Zeiner-Henriksen, Oslo, regarding diagnostic crystal depositions in spinal fluid, 80 specimens of fluid have been examined, mostly from cases of general paralysis.

Results were very striking and corroborative in almost all instances, but it was found that a very few "normal" fluids—normal in that pathological findings, (e.g. Wassermann reaction etc., were negative), presented an atypical appearance, and tended to assume a structure resembling that found in general paralysis. On the other hand two specimens from untreated general paralysis tended to be quite normal in type.

In these cases, adopting the usual technique, it was impossible to state with certainty to which type the fluids belonged. The findings are, however, sufficiently encouraging to warrant further experiment.

Reference.—K. Zeiner-Henriksen—*Journal of Neurology and Psychopathology* 1935, Vol. 16.

LIX.—FROM THE NEWPORT BOROUGH MENTAL HOSPITAL.

Report of Pathological and Clinical Investigations.—By Dr. M. R. MACKAY, M.C., Medical Superintendent.

Pathological Investigations.—The following is a summary of the examinations carried out during the year :—

Urines : routine examinations, 128 ; microscopical, 5. Blood : differential counts, 3 ; total cell counts, 7 ; Wassermann reactions, 8 (at County laboratory). Bacteriological : examinations of sputum, 4 ; faeces, 6.

Treatment of Epilepsy by Anti-Rabies Vaccine.

Anti-rabies vaccine was given in 3 cases of epilepsy. The dose was the same in each case, 5 c.c. of anti-rabies vaccine Hempts type B was given on two successive days ; on the four following days 5 c.c. of anti-rabies vaccine Hempts type A was given.

Case 1. T.H.W., aged 37, admitted March 3rd, 1932.

Family History.—No history of epilepsy. Patient fourth of five children. Others normal.

Past History.—Normal birth. Said he had had convulsions at 12 months. First epileptic fit occurred when patient was 12 years old. Second fit a year later. Since then they have gradually increased in number and in the 28 days preceding treatment he had 18 fits. No history of any head injury.

Mental Condition.—(Before treatment) : He is dull and stupid. Cannot give any coherent account of his recent movements and takes no interest in his surroundings.

(After treatment) : In the 28 days after treatment he had 16 epileptic fits. Mentally he was somewhat brighter. Picked up a newspaper for the first time since admission and answered questions more readily and seemed to take more interest in things about him.

Case 2. A.C.D., aged 26, admitted June 23th, 1931.

Family History.—Defective.

Past History.—Defective.

Mental Condition.—(Before treatment) : He had 16 fits in the 28 days preceding treatment. He was confused and lost mentally. Could not answer any questions.

(After treatment) : In the 28 days after treatment he had 7 epileptic fits. He became brighter mentally, showing more interest in things about him.

Case 3. F.B.J., age 49, admitted September 10th, 1929. Occupation—Clerk.

Family History.—No history of epilepsy.

Past History.—Defective.

Mental Condition.—(Before treatment): In the 28 days preceding treatment he had 2 epileptic fits. Mentally he was restless and confused. Could not reply rationally to any questions put to him.

(After treatment): In the 28 days succeeding treatment he had 4 epileptic fits. Mentally he showed no improvement.

Conclusions.—In 3 cases treated by anti-rabies vaccine Hempts type A & B, 2 showed some improvement mentally and slight decrease in the number of fits.

LX.—FROM THE NORWICH CITY MENTAL HOSPITAL.

Report of Pathological and Clinical Investigations.—By Dr. C. R. F. HALL, M.A., Medical Superintendent, and Dr. L. G. MILLAR PAGE, Pathologist.

A.—Pathological and Biochemical.

During the year 1,074 examinations were made, as follow :—

Urines : routine, 812; special, including bacteriological and urea concentration tests, 178. Faeces : bacteriological, 7; special reactions, 14. Occult blood tests, 7. Blood, total counts, 3; Van den Bergh, 1; Leishmann stained film, 1. Sera reactions, 22. C.s.f. : gold curve, 5; bacteriological : sputum examinations, 13. Post-mortem examinations, 39 (75 per cent. of deaths).

B.—Clinical.

Syphilis—results during 6 years treatment by tryparsamide :—

Year.	1931.	1932.	1933.	1934.	1935.	1936.
Number of G.P.I.	5	4	5	6	2	5
Discharged ...	3	—	1	3	1	2
Under care ...	2	2	1	1	1	2
Died ...	—	2	3	2	—	1

During 1933, 2 deaths were from g.p.i., and one from pyo-nephrosis. In 1934, 1 death g.p.i. and 1 cancer, were revealed post mortem. That is, of 27 cases treated 8 died, i.e., 29 per cent.; 9 require care and supervision, i.e., 33 per cent.; 10 were discharged, 1 still continuing treatment, i.e., 37 per cent.—33 per cent.

Prominal Control of Epileptic Seizures.

Results after 6 months treatment with prominal tablets were published in the British Medical Journal, March 14th, 1936, page 531. Since then, owing to wider experience in dosage, the results have been noticeably improved.

Without prominal, 1934, fits totalled 1,137 for ten cases.

With prominal, 1935, fits totalled 450, i.e., 60 per cent. reduction.

With prominal, 1936, fits totalled 425, i.e., 62 per cent. reduction.

Year 1934 shows the number of fits when bromide and luminal were given; in 1935 and 1936 prominal was used.

During 12 months that the 10 epileptics were taking prominal 6 control cases having bromide grs. xx t.d.s. had a reduction in fit incidence of 9 per cent.

June 1936 these 6 control cases were taken off bromide and given prominal grs. 3 b.i.d. Results are tabulated below :—

Case.	Number of days when prominal was not given.	Fits when off prominal and within 4 days of resuming.		Fits, half year 1935. No prominal.		Fits, half year 1936. With prominal.	
		G.M.	P.M.	G.M.	P.M.	G.M.	P.M.
11	45	5	1	4	—	—	—
12	6	16	—	39	—	35	1
13	4	0	—	47	—	—	—
14	39	8	—	27	—	—	—
15	15	8	—	68	—	2	—
16	97	3	—	11	—	—	—
Total	206	40	1	196	—	37	1

Graphic records of fits and changes in dose of prominal show that in most cases more fits took place during the intervals that tablets were withheld and that fits were more likely to occur within the succeeding 4 days after treatment was resumed.

Therefore the number of fits taking place when the patient was not having prominal is not added to the total, but placed in a separate column, and where fits occurred within the 4 days after resuming treatment, these were also added (see Table, column 3).

It may be mentioned here that the shortest period following the cessation of prominal before fits were again present was 2 days, but in the majority of cases 4 days elapsed. It thus appears that 4 days is the time required for the full beneficial effect to take place, and the same period of time for loss of effect to be apparent.

To continue this method of fit recording, 6 epileptics not having prominal had 196 grand mal fits during 6 months in 1935; the same 6 patients during 6 months of 1936, taking prominal grs. 3 night and morning had 37 grand mal and 1 petit mal, of which 35 grand mal and 1 petit mal were due to 1 patient, case 12.

This shows reduction of 81 per cent. on a total fit incidence of 196.

If case 12 is left out, the remaining 5 cases show a reduced fit incidence of 98 per cent. on a total of 157 fits in 6 months. Case 13 has had no fits since taking prominal and in the previous 6 months, when not having prominal, he had 57 grand mal fits. This startling result concerns a man aged 48 years who has had fits since 4 years of age, has a partial hemiplegia following infantile paralysis and cannot read or write and was bedridden; he is not employable, but is now dressed and walks about.

Three cases—11, 14 and 16—had fits when prominal was withheld and no fits when therapy was continued.

Case 12 had the smallest reduction in fit incidence being 10 per cent. on a total of 39 fits during 6 months, but this man shows marked diminution in confusion following fits which is a characteristic of all cases treated with prominal.

Two cases—17 and 18—had 14 months' treatment; case 17 has continued to take bromide grs. xx t.d.s. in addition to 1 tablet of prominal grs. 3; he had 5 grand mal and 52 petit mal in 8 months; the dose of prominal was then doubled (i.e. grs. 3 night and morning) 5 petit mal and no grand mal were recorded in 6 months.

Case 18, had 45 grand mal, 15 petit mal in 8 months on prominal grs. 3 night and morning; dose was doubled, only 1 petit mal during 6 months was recorded. Ten months previous to commencing prominal he had 91 grand mal and 57 petit mal fits.

Each patient when put on Prominal was given $\frac{1}{2}$ gr. dose nightly increasing by $\frac{1}{2}$ gr. dose per day to grs. 3 night and morning, at the same time gradually reducing other sedatives as required.

Commencing with a small dose enables idiosyncrasy to be detected before a large dose is administered. Of some 50 cases treated no anaphylaxis has been determined, but a slight hypersensitiveness was noted in 2 cases, but they became acclimatized later.

The largest dose given has been 15 grs. on 2 successive days (case 2), no unusual symptoms presented themselves. One man has 3 grs. in the morning and 12 grs. at night, daily.

Six cases who had grand mal fits for years previous to prominal therapy had 1 or 2 petit mal fits before apparently ceasing (from 2 to 3 months no fits to date).

Mental excitement was thought to occur in certain cases taking prominal but in the writer's opinion this has taken place as a result of lessened confusion, the patient noticing things that annoyed him, when hitherto he was too lost to his surroundings. This fact was elicited after interrogation.

Grouping of fits is noticed in a few cases.

Generally speaking, patients are less confused, brighter and more alert; they put on weight and remain up and employable.

Dysentery.

January, 12th 1936. Two patients—R.G.A., age 56, admitted July, 6th 1925 and A.W.G., age 61, admitted September, 1st 1933—in an open door ward of recent construction, and each having his own towel, had pyrexia, blood and mucus in frequent stools which became greenish in colour. They were co-workers in bread-room. Recovered 3 days later. Blood agglutinin was present in R.G.A. to a dilution of 1/250 for B. Sonne. A.W.G. had blood agglutinin 1/10 dilution for Sonne and mixed Flexner bacilli. Both men retired from handling food.

February, 28th, 1934. G.E.M., admitted January, 31st 1922, age 34, had an attack of "dysentery," Ward M.3; 2 stool specimens negative to dysenteric organisms. January 30th, 1936, blood agglutinin was positive 1/10 to mixed dysentery bacilli. May 5th blood mucus and pyrexia with frequent stools becoming greenish; blood agglutinins negative. Stool culture fair reaction to Sonne dysentery, Oxford standard serum.

W.C., No. 2, age 27, admitted February, 1st 1929, had an attack of "dysentery," April 1st, 1934. February, 1936, blood agglutinins were positive to mixed dysentery 1/25; December, 1936, rectal swabs negative to dysenteric organisms, but bacterial content quite unusual, delayed, lactose fermenters were present, B. Coli Mutabilis type. November 21st, 1936, another "attack," without pyrexia, blood agglutinins gave negative results to B. Sonne Shiga and Flexner, and report on faeces was "ulcerative colitis type." This man was the first of a series with frequent loose stools, blood and mucus, but he had no pyrexia; 2 to 3 days later 3 patients were affected, all from M.3 refractory ward.

C.D., age 31, admitted January, 28th 1925, blood agglutinins negative to Sonne, Shiga and Flexner, had blood and mucus and pyrexia. November 23rd, 1936, swabs revealed Sonne feeble reaction. December 10th was still in "carrier" state.

A.E.M., age 43, admitted September 1st, 1933, had loose stools, no pyrexia, but tinge of blood and mucus. Died December 3rd, 1936. Post-mortem 3 large ulcers in lower intestine. Before death (November 24th, 1936) he had negative agglutinins to Shiga, Flexner and Sonne.

This year no case commenced symptoms with vomiting.

During the last 20 years 306 patients had dysentery (157 men, 149 women) 52 died (29 M., 23 F.). Only 55 cases have taken place since 1922, with 6 deaths.

If the years are divided into 4 periods of 3 months—101 cases occurred in spring; 93 in summer; 70 in autumn; 42 in winter.

Highest incidence in January, declining a little in February to March, and increasing again to April, back to a high incidence in May.

It is possible that the high incidence in January is purely seasonal.

Rats are regarded with grave suspicion by the writer in the matter of spread in dysentery.

Flies are negligible, if at all present. They could be a source of increased incidence in September, as possibly also rats after the harvest and threshing of cornstacks.

Spread is rapid. It is difficult to assign a time period to the incubation.

Bacteriological investigation in past years has been unfruitful, but since swabs taken from the rectal mucosa have been made, bacilli of Sonne dysentery have on 3 occasions been cultivated and found to conform to morphological and serological characters of this group of organisms, and also agglutinins have been found in blood sera.

Blood serum agglutinations were of little assistance until the infecting organism was isolated.

An unusual case.

P.R.C., age 32, clerk, admitted November 30th, 1935, voluntary status. Weight 6 stone $7\frac{3}{4}$ lbs., height 5 ft. 10 ins., wearing a Curtis abdominal belt. Complaining of dilated stomach, colitis, catarrh and "nerves." Extremely hypochondriacal. First seen at clinic.

Ten years ago his doctor told him he had a dilated stomach.

Seven years ago "Emeritus Professor" was consulted. A test meal showed dilated stomach and X-ray revealed stomach reaching to brim of false pelvis. Advised to wear a Curtis belt, take a diet of chicken and toast prepared by baking 3 hours in an oven. Visits were made to this specialist every 3 months, 6 times in all. A friend then suggested a "Nature Cure" and toxins were said to be the cause of the trouble this time. Treatment commenced with 10 days fasting on orange juice only. Milk diet 6 weeks was followed by vitamin diet, principally lettuce, raw carrot and nuts. After 3 months at 10 guineas a week he left this Nature Cure Home weighing 7 st. $0\frac{1}{2}$ lb., having lost $\frac{1}{4}$ lb. undergoing this treatment.

Five years ago he returned to the diet of toast and chicken, and later on again returned to the "Nature Cure" for 3 weeks on a milk diet only.

One year ago he again sought the advice of the "Professor" whose treatment on this occasion consisted of faradism to stomach, ultra-violet light to stomach and back, and massage for constipation.

Funds being exhausted he sought admission to hospital.

Four days after arrival stools were normal, by the 11th day he had gained 2 lbs. weight, and was persuaded to leave off the Curtis belt. By the 37th day he had increased 12 lbs. and on the 48th day he was doing light work and taking normal diet. Seventy-sixth day bowels were acting without aperient. Ninety-eighth day he left hospital weighing 8 st. 2 lbs.

A year later he was looking very fit and said he had been given 2 rises at the office and is feeling extremely well.

Soneryl.—In agitated melancholia, cases continue to improve by aid of these tablets better than with bromides.

Liquor Stramonii (P.D. & Co.).—Three cases of post-encephalitic Parkinsonism maintain their improvement under this medication.

Milk.—Forty-five gallons are supplied from the hospital farm daily.

The cream content averaged 14 per cent. during the year. None of the milk is skimmed or separated. Fifteen specimens were examined and found to be particularly clean, films of each specimen were made and stained for evidence of tubercle bacilli, but were found to be negative.

Laundry.—All infected articles are now placed in specially marked bins in the wards and are dealt with separately from foul linen. Infected laundry is placed in sodium hypochlorite solution 1/500 w/v for at least 12 hours and then passed on as foul wash to that part of the laundry dealing with ordinary foul laundry not considered infectious and, therefore, cleansed by soap, water and boiling. Samples of rinsing water were taken and examined bacteriologically for evidence of efficiency and proved to be satisfactory.

Incinerator at the rubbish dump has been very successfully used for destroying all organic matter so that rats no longer find food there.

A great anti-rat scheme has also been instituted from all possible angles. Burrows were dug out where possible in the ward gardens, all holes repaired in the buildings, food stuffs in the stores are now kept in metal bins with lids, and with the lack of easy access to foodstuffs there has been an enormous diminution of signs of rats. A large number of cats also help to keep the rats in check.

LXI.—FROM THE NOTTINGHAM CITY MENTAL HOSPITAL.

General Report.—By Dr. G. L. BRUNTON, Medical Superintendent.

A.—Pathological and Biochemical.

Summary of Examinations.

Urines : routine, including microscopical examinations and tests for acetone bodies, 911; urea estimations, 7; Ehrlich's aldehyde reaction, 5. Blood : total counts, 38; malarial parasites, 176; sugar estimations, 7; glucose tolerance curves, 8; urea estimations, 15; Kahn tests, 161; Van den Berg, 60; Widal reactions, 5. C.s.f. : colloidal gold reactions, 106; bi-coloured guaiac tests, 104; Kahn tests, 106; globulin reactions, 102; cell counts, 34. Bacteriological : direct examinations—sputum, 80; pus, etc., 268. Cultures : blood, 4; faeces, 40; pus, 27; sputa, 140; milk supply, 3; food samples, 4; throat swabs, 17. Milk analyses, 27. Fractional test meals, 5. Faeces : occult blood, 14. Urea clearance tests, 48. Histology : pituitary glands cut and stained, 12; brain, 6; kidneys, 2; heart, 2; ovarian tumour, 1. Post-mortem examinations, 51 (73 per cent. of deaths).

B.—Clinical.

Prolonged Narcosis.

Twenty-one courses of somnifaine, 2 of continuous dial and 4 treatments according to the method of Cloetta were given throughout the year. Not all the cases were recent; a proportion were turbulent or inaccessible chronic patients. In all an improvement resulted, but in the majority was temporary in nature. One male schizophrenic was discharged and a female suffering from confusional insanity made a rapid recovery as the result of somnifaine therapy.

LXII.—FROM THE SUNDERLAND BOROUGH MENTAL HOSPITAL.

Laboratory Report.—Communicated by the Medical Superintendent.

The summary of routine laboratory work is as follows :—

Urines : routine, 129; C.S. bact. exd. for typhoid carriers, 7; quantitative estimations, sugar, 3. C.s.f., 7. Blood : films, 6; serum Widal, 8; W.R., 1; counts, 4. Faeces : bacteriological examinations for typhoid carriers, etc., 33. Sputa, 14. Pleural fluids, 2. Post-mortems, 19 (65 per cent. of deaths).

LXIII.—FROM THE SWANSEA BOROUGH MENTAL HOSPITAL.

Report of Research.—Communicated by Dr. N. MOULSON, D.P.M., Medical Superintendent.

A.—Clinical.

(1) *The Treatment of Cases of Dementia Paralytica.*—By Dr. C. L. COPELAND, D.P.M.

The method established at this hospital of treatment by means of malaria, tryparsamide, and bisglucol has been continued, and the results during the course of the past year have been as follows :—

Under treatment during the year 1936	...	...	15
Left Hospital, "improved"	...	...	9
Remaining in Hospital "improved"	...	...	2
Remaining in Hospital "unchanged"	...	...	1
Remaining in Hospital "deteriorated"	...	...	2
Died	...	...	1

There were also 2 patients who were physically unsuited for malarial treatment.

These satisfactory results can be attributed largely to the early admission of our patients. Eleven out of 17 came to the hospital voluntarily, and in 11, the earliest noted symptoms had not extended for any longer than 7 months. Attempts have been made to estimate the value of giving the malarial treatment before the arsenical injections rather than reversing the procedure. In a parallel series of cases it appeared that improvement was more rapid where the rigors preceded tryparsamide. It is often stated that tryparsamide interferes with malarial rigors, but controlled observations have shown that this is not so. Natural variations in virulence of the different strains are a more important factor than any influence which may be attributed to arsenical injections. The trial made last year of a combination for intra-muscular injection of bismuth and tryparsamide was found to give no improvement upon our established method, and to cause considerable pain. It was, therefore, discontinued.

(2) *Cerebral Tumours.*—By Dr. C. L. COPELAND, D.P.M.

A short article on Frontal Lobe Cerebral Tumours was published in the *Journal of Mental Science*, July, 1936.

(3) *The Treatment of Anxiety States by means of Choline Preparations.*—By Dr. C. L. COPELAND, D.P.M.

Further progress has been made with this work, and the clinical indications are being more clearly defined. These preparations are found to be most effective in anxiety states showing the physical signs of fear, such as sweating, trembling, incontinence, rapid pulse and emotional inco-ordination of muscles. Such symptoms are controlled within 24 hours, and the distressing emotional accompaniments abated. The effect is disappointing in those cases where the physical signs are less evident; further observations are being made on this question. It must be emphasized that drug treatment alone is useless, but the emotional improvement which the patient himself experiences forms a sound basis for psychotherapy. In occasional suitable cases the results are impressive.

(4) *The Treatment of Post encephalitic Parkinsonianism.*—By Dr. C. L. COPELAND, D.P.M.

The atropine-and-pilocarpine treatment to which reference was made in the corresponding report of last year has been continued, and has been successfully maintained in certain cases treated as out-patients. It is found

that the essential influence is upon the physical signs, especially muscular rigidity. Mental symptoms are not relieved and sudden impulsive outbursts are not abated.

(5) *Observations on Headache following Lumbar Puncture.*—By Dr. C. L. COPELAND, D.P.M.

Sheppe has suggested that the incidence of headache following lumbar puncture is lessened when the needle is slowly withdrawn in such a way as to allow air to enter. Observations are being made on comparative cases, and although the results in numbers are not yet sufficiently great to allow a reliable estimate to be made, experience suggests that slow withdrawal leads to an increase rather than a diminution in the number of patients who suffer from headache.

(6) *Observations on the Excretion of Sodium Barbitone.*—By Dr. E. H. KITCHING, D.P.M.

A reliable method of estimation was established, and indicated that many of the results reported in previous observations were vitiated by the presence of impurities in the barbitone recovered from the urine. The most important factor controlling the excretion of barbitone was found to be the degree of renal efficiency and a method of expressing this relationship in terms of a urea-barbitone ratio was established. It was also found that the mental condition of the patients appears to have some slight, though definite, influence, epileptics being particularly prone to retain barbitone during their period of confusion. The preliminary results were communicated in the form of a paper at the autumn 1936 meeting of the South Western Division of the Royal Medico-Psychological Association, and published in the January 1937 number of the *Journal of Mental Science*. These observations have led to a more extensive attempt to estimate the urea-barbitone ratio in a series of epileptic patients. This work is being continued.

B.—*Psycho-Therapeutic.*

The technique of Hypnosis as a means of investigation and treatment of patients suffering from various forms of Mental Illness was introduced by Dr. E. H. Kitching, D.P.M. It was decided to undertake a comprehensive investigation of the utility of this method not only for psycho-neurotics but also for patients usually described as suffering from psychoses. It has been thought worth while to make the attempt, even in patients, who, at first impression, would not have been thought suitable. This has been justified by occasional surprising results.

Cases suffering from hysteria have responded without difficulty in the accepted manner, but it must be emphasized that hypnosis is to be regarded primarily as a means of investigating the underlying conflicts. Its secondary function in producing bodily improvement by means of suggestion is apt to be less permanent, unless by other psychotherapeutic methods the underlying causes are adjusted. In patients suffering from anxiety neuroses, deep hypnosis is not readily practicable, but suggestion in light hypnoidal states has proved beneficial. The improvement thereby produced establishes the rapport which encourages the patient to solve his or her conflicts. The so-called obsessional neurosis has proved to be much more amenable than the text-books would have us believe. It is found that obsessive symptoms are usually an expression of an underlying anxiety arising from some definite conflict. Our tendency is now to regard obsessional conditions as of good prognosis.

It may be stated that the most helpful part of the use of hypnosis has been the clarification of our diagnostic criteria. We are much less ready to

diagnose neurasthenia or dementia praecox. The success which has accompanied the treatment of several unpromising cases has led to a general optimism and an unwillingness to despair of recovery or improvement, even in cases of so-called psychosis.

The Freudian dogma that sexual trauma is the sole basis of neurotic conflict is not substantiated by our results. Admittedly in certain cases the sexual element is prominent; but fear, self-reproach and disgust, as described by McDougall, are also important factors. In some cases where hypnosis could not be induced, analysis by means of prolonged conversations in the waking state has been practised, with results equally gratifying, but requiring much longer time.

A review of the series of cases under treatment last year is being prepared by Drs. Copeland and Kitching. In brief, of those amenable to hypnosis, over 60 per cent. have shown recovery, and have not as yet shown signs of a relapse.

C.—Pathological.

Laboratory Work under the supervision of Dr. A. F. SLADDEN, M.A., assisted by Mr. A. DIGNAM.

Details of routine and other procedures are as follows, and the total volume of work done shows a very substantial increase during the year.

Blood: Red and white cell counts, haemoglobin, etc. 88; differential counts including R.B.C. diameters, 83; polynuclear analysis, 9; reticulocyte counts, 7; platelet counts, 2; fragility of R.B.C's, 1; Wassermann reactions, 260; Wassermann reactions (special method), 144; Kahn test for syphilis, 113; films for malarial parasites, etc., 33; glucose estimations, 3; glucose tolerance curves 7; Van den Bergh tests, 3; urea estimations, 90; calcium estimations, 11; phosphorus estimations, 9; phosphatase estimations, 9. C.s.f.: Wassermann reactions, 116; Kahn reaction for syphilis, 40; colloidal gold curves, 118; protein estimations, 113; globulin tests, Pandy, 113; Nonne-Apelt, 113; cell counts, 111; chloride estimations, 111; glucose estimations, 111. Urine: routine, 576; microscopy, 129; tests for ketosis, 529; sugar estimations, 30; urea estimations, 81; diastase, 1; calcium estimation, 1; barbitone estimations, 82; barbitone tests for, 164; total acidity estimation, 45. Bacteriological: sputa for T.B. and general bacteriology, 13; pus and discharges, 24; throat swabs, 5; urine, 58; faeces, 80; pleural and ascitic fluids, 5; efficiency of laundry sterilizer, cultures, 18; sinus washings, 1; agglutination tests, 65. General: fractional test meals, 3; faeces for occult blood, 3; histological sections, 30; post mortem examinations, 37 (60·7 per cent. of deaths).

The new sterilizing plant installed has been subjected to stringent bacteriological tests with completely satisfactory results.

Occasional cases of bacillary dysentery and allied intestinal infections have occurred, and in two of these a true Flexner bacillus has been isolated. In 4 other patients with diarrhoea, bacillus pyocyaneus was found in the stools.

Increased attention to the blood states of patients tends to reveal the milder degrees of primary anaemia, and 3 cases of genuine pernicious anaemia have been made under investigation and the effects of intensive treatment watched week by week. It is hoped in course of time to collect a sufficiency of observations of this nature and to correlate the physical improvements in the blood state with the mental states of the patients.

As indicated in last year's report, special attention is being directed to the details of technique in the Wassermann reaction. The slight superiority of Wylers modification for detecting minor degrees of positive reaction has been verified here in a series of some 80 cases known to be positive, and it has not yielded any "false positives" through being too sensitive.

In the routine Wassermann testing, 20 spinal fluids gave positive reactions, and it is of interest to note that the corresponding blood serums of these cases were positive in 19 out of the 20 examined.

LXIV.—FROM THE WEST HAM BOROUGH MENTAL HOSPITAL.

General Report.—By Dr. J. HARVEY CUTHBERT, D.P.M., Medical Superintendent.

Insulin Shock Treatment.

Our results have been encouraging. Three males have been treated. One has completed his treatment with complete remission. Two are still under treatment, 1 of whom shows great improvement. Now that we have acquired the technique, we are embarking on a series of cases.

Before we started the treatment, we had already observed great mental improvement in 2 diabetics who had had accidental attacks of hypoglycaemic coma.

Case of C.J. 7273, aet. 56. Admitted on transfer in 1928. "Apathetic Dement."

Note.— 2.5.35. "At present very quiet and depressed."
 2.11.35. "Just recovering from an attack of depression."
 2.2.36. "Confused, restless and mischievous, mild mania."
 11.4.36. "Dirty and interfering." "Glycosuria present."

It is to be observed that the patient has been untidy and dirty ever since admission, never occupying himself. He was transferred to the infirmary ward, but no glycosuria was observed there until 25.6.1936. Insulin treatment was then commenced. Hypoglycaemic coma occurred on August 8th, 9th, 10th and 14th, 1936, with convulsions, and responded immediately in each case to glucose and adrenalin. Insulin was stopped on August 15th, 1936, and the patient has been sugar free ever since. The male nurse's report is "ever since, he has been tidy and clean, no trouble in the ward, would carry on morning and night doing odd jobs in the ward if we would let him."

Case of W.H.M. 8811, aet. 77. Admitted as a voluntary patient November 14th, 1935.

He has a cystostomy and wears a urinal. On insulin treatment from date of admission. From May 24th, 1936 to June 2nd, 1936, he had an acute maniacal attack each night at about midnight, the attack lasted about two hours, and its nature was not suspected for a week. The carbohydrate in his diet was then increased and the insulin diminished, since when there have been no outbursts, and from that date he has been changed from an acute melancholic with pronounced delusions of sin, to a cheerful man, still emotionally unstable, with three very mild and transient attacks of depression.

Intentional insulin shock treatment was commenced on October 12th 1936 according to the Viennese technique on :—

1. A.P. 8935, aet. 21, admitted as temporary patient July 25th 1936. Katatonia.

On admission he was quite cataleptic with marked schintzkrampf. He spoke a few words on the following day, but on the next day relapsed completely. He ate faeces and drank urine, occasionally leapt out of bed and dived on to the floor. He exhibited waxy flexibility and was used time after time as a class demonstration case of it.

Insulin U 30, October 12th, 1936, fasting. Increased by U 5 daily. Remained unchanged mentally until October 30th, 1936, when he had his first shock (U 140). He spoke spontaneously as he came out of his coma, and embraced the doctor and thanked him for saving his life. He was given U 135 for 11 days, and thereafter the dose was increased daily by U 5. He continued having a daily coma even when the dosage had been dropped to U 35; as he had then been mentally normal for a week, and displayed considerable insight, the treatment was stopped.

He displays a barely noticeable retardation, but otherwise he is mentally normal.

It is to be noted that in 1934, he had had an attack of Katatonic Stupor from which he had recovered spontaneously.

His father is a "demented" case of schizophrenia in this Hospital.

2. E.F.R. 7292, aet. 31, admitted May 23rd 1928, certified patient, Katatonia.

Was undertaken as the "worst character on the male side." Impulsive, destructive, degraded ever since admission, refusing to wear clothes. Treatment commenced November 18th, 1936; shock dose U 90. Still having daily treatment.

Ever since the first shock he has improved. A week later he was dressing and washing himself; eating with the other patients and attending entertainments. At the patients' dances he is remarkable for the considerate way in which he dances with some of the older patients. At present he is a very good patient, tidy, clean and obedient.

He is considerably retarded, will answer direct questions on current news simply and correctly, but quickly becomes incoherent.

3. R.B. 8845, aet. 27, admitted on transfer February 13th, 1936, Paraphrenia.

Mass of bizarre religious delusions, rather grandiose, many aural hallucinations. Treatment commenced November 18th, 1936. Shock dose U. 105. Still under treatment.

Only mental change is that his delusions have become more systematized. "He is the son of King George, and loves everybody." Has been "persecuted in the past but is not so now."

Each of the cases improved greatly as regards physique during treatment. Case 1 put on 3 stones, Case 2, 1 stone, Case 3 has lost 3 lbs. but his complexion is clearer, and he has a higher colour.

We think the results encouraging, and the male nurses (senior men) are enthusiastic about the treatment. "We never thought we'd see anything ever do them any good."

General Paralysis.

During the year 1936, there have been 10 cases of general paralysis admitted on the male side. Two were in too bad a state for malarial treatment, and died shortly after admission. The remainder had malaria followed by full course of N.A.B. One died with broncho-pneumonia two months after recovering from the malaria. Of the remaining 7, 5 have been discharged with complete remission, 1 (he had had many hemiplegic seizures) is unchanged and the remaining one though still in hospital on account of his physical condition (bronchiectasis and bedsores), shows no mental symptoms at present.

The Swift-Ellis treatment was given to 1 of these patients after his malaria (intracisternal salvarsanised serum), and he is the only one to show any improvement in his Lange.

Somnifaine continuous narcosis.

Six cases have been treated :

1. D.P.	...	...	...	26.8	-	8.9	No change.
2. D.P.	...	...	...	21.8	-	3.9	"
3. Agitated Depression	...	...	...	7.9	-	20.9	"
4. Chronic Mania	...	...	...	18.8	-	1.9	"
5. Melancholia	...	...	...	4.12	-	21.12	Physical improvement.
6. Melancholia	...	...	...	4.1	-	21.1	" "

It was found useful in the 2 last cases. They were both going downhill very rapidly before the treatment, but are now eating well, and putting on weight.

The drug was given as often as necessary to keep the cases fully asleep. Insulin was given with each injection. There were no unpleasant incidents.

Diabetes Mellitus.

All diabetics have periodic blood sugar estimations.

During the year, we have changed over to high carbohydrate diets. There has been a noteworthy improvement in the patients' physical and mental vigour. Complications have been less, and when present, have responded quickly.

Prominal Treatment.

Two remarkable results were obtained.

Case 1. C.H., aged 28. Apparent cure after five years of acute confusional attacks, diagnosed after occurrence of typical fit. Admitted October 14th 1931. Had periods of confusion, lasting 2 to 3 weeks. These periods became more frequent, lasting 2 to 3 months. Had major epileptic fit June 10th 1936. Prominal given July 16th, 1936. Improved mentally, and worked in gardens. He was granted a month's trial on October 5th, 1936, and was finally discharged November 16th, 1936. His father reports he has been symptomless since.

Case 2. C.T.P. Epileptic. Admitted on transfer February 1st, 1933, now aged 42. Since admission 107 fits at night and 38 during the day. He was very confused before and after fit for several days, sometimes becoming violent and aggressive. Prominal given April 29th, 1936; had 5 major fits since. No confusion, carried on employment at Stores. Last fit September 1936.

LXV.—FROM BARNWOOD HOUSE HOSPITAL, GLOUCESTER.

General Report.—By Dr. A. A. D. TOWNSEND, Medical Superintendent.

A. Pathological and Biochemical.—The following is a summary of the examinations made during the year :—

Urines : routine, 361; urea estimations, 7; Indican, 43. Blood : total counts, 25; differential counts, 7; Wassermann reactions, 2; blood sugar, 1; blood bromide, 1. Bacteriological : throat and nasopharyngeal swabs 4; urine, 7; faeces, 6; pleural fluid, 1.

B. Focal Sepsis.—Four cases were examined by Dr. E. N. Davey, employing the pathogen selective technique. These gave no definite indications for treatment.

LXVI.—FROM THE BETHLEM ROYAL HOSPITAL.

A.—Pathological Laboratory.—Dr. CLEMENT LOVELL, M.C., Pathologist.

The following investigations have been made during the year :—

1. Toxic absorption from the mouth, investigated by Mr. A. Bulleid, Dental Surgeon.

2. Some problems in protein flocculation.

3. The transmission of thought as a physical process.

4. Abnormal hormones in disseminated sclerosis.

5. An attempt to alter the physical conditions of the tissue fluids in man and in animals.

6. The influence of human serum on the morphology of cocci. It appears that there is a group of cases in which the patient's serum agglutinates a streptococcus, which in subculture appears in pairs and masses, rather than in chains, but a second agglutination by serum restores the streptococcal form, which can again be lost by subculture, and restored by agglutination.

The routine investigations during the year numbered 1,344; Wassermann reactions, 203; other reactions, 68; Van den Bergh tests, 182.

Complete examination of the water and milk supplies were made quarterly.

Microscopic sections to the number of some hundreds have been made as a routine.

B.—*Report from the Psychological Department.*—By Mr. R. J. BARTLETT, M.Sc., Director of the Psychological Department, and Dr. B. W. F. ARMITAGE, Assistant-Director and Psycho-Therapeutic Officer.

(1) *Intelligence tests.*—Binet Simon and non-verbal "G" tests are being carried out by Miss M. R. Harbinson and the Assistant Director on appropriate patients. Whilst, in general, test results accord with the clinical estimation previously made by the physicians, some deviations demonstrated are interesting, and their elucidation has been useful in the treatment of the patient concerned. A case of mania which appeared to exhibit intelligence above the average even for this type of affection, was shown to possess a very low I.Q., confirmed by special performance tests (Drever and Collins series). In a case of hysteria, lack of development and of usage to its full extent, previously to admission, of an intelligence shown by test, after admission, to be above the average, indicated a line of treatment. A patient who had been suspected to be a mental defective was shown not to be so. Manic-depressives are being tested in both phases as well as in the intervening state.

(2) *Lowenfeld's Mosaics with Mental Patients.*—Mosaic-designs are being obtained from each patient by workers from the Institute of Child Psychology. A report will be made when a further investigation, into the degree of relationship between the design produced and the mental state of the patient, is completed.

(3) *Word analysis.*—Using lists of words prepared in collaboration with Dr. Hadfield and other members of the staff of the Institute of Medical Psychology to test the value of Jung's method of Word Association for the work of that Institute, the Director and Assistant Director are making a similar investigation here. The results as they emerge are being applied in the treatment of the patients concerned.

(4) *Kretschmer's Psychobiogram.*—In collaboration with Dr. W. Stephenson of the Institute of Medical Psychology at the University of Oxford, a research has been planned and begun for an investigation into the validity and value, when applied to mental patients, of Kretschmer's Psychobiogram. The Assistant Director and physicians are contributing estimates of temperament, character and behaviour traits. The Assistant Director is developing and applying a scheme for systematic somatic measurements, and the Director and Dr. Stephenson are carrying out tests in artistic appreciation. The Director is engaged in a detailed statistical treatment of the data. By these correlational methods an attempt is being made to clarify further the problem of types, and to ascertain the extent to which the identification of these types possesses psychiatric value.

(5) *Clinical Cases.*—Among a number of interesting cases dealt with by the Director and Assistant Director during the year, was a patient suffering from marked anxiety state which had resulted in discharge from his work. Amongst other symptoms he exhibited marked lack of self-confidence and much mental paralysis. Without possessing great intellectual power he had been interested in trigonometry as a youth. This fact was made use of by the Director who started and supervised for him a course of study in theoretical geometry. Under the influence of this systematic thinking the patient regained in his mental ability a confidence which spread to the whole of his mental outlook. He made a complete recovery, and resumed his occupation, his employers recognizing his improved condition by putting him upon more important work.

(6) *Publications.*—(a) An Investigation of Deterioration of "General Intelligence," or "G" in Psychotic Patients. By M. R. HARBINSON. *The British Journal of Medical Psychology*, Vol. XVI, Part 2, 1936, pp. 146–148.

This investigation is a continuation of the work in this connection done by Miss Simmins, as described in her article "The Deterioration of G in Psychotic Patients," *Journal of Mental Science*, October, 1933.

The object of the investigation was to ascertain whether, as a result of their illness, in patients of the types admitted to Bethlem Royal Hospital, there was any measurable deterioration of General Intelligence ("G"), and, if so, in what types and with what factors.

The same two series of tests as those employed by Miss Simmins were used, namely, the Terman Vocabulary ("V") indicating degree of intelligence before illness, and the Visual-Perceptual tests of general ability ("G") indicating degree of intelligence at the time of testing, namely, during the illness.

A total of 36 cases were dealt with (21 men and 15 women). Whilst these numbers are insufficient to provide statistically valid conclusions, it is of interest to note that of 15 cases of melancholia, 77 per cent. showed deterioration of intelligence; whereas of 11 cases of schizophrenia only 27 per cent. displayed this. Of the other cases tested, 40 per cent. deterioration was shown by a group of 1 paraphrenic, 1 hypomanic and 2 feeble-minded cases; but no deterioration by 2 paraphrenics, 2 hypomanics and 1 manic.

That only a low percentage of the schizophrenic cases showed deterioration is in accord with the results previously obtained by Miss Simmins at Bethlem and at the Maudsley Hospital.

This work is being continued with cases exhibiting melancholia and schizophrenia.

(b) "Amnesia—a Case Study." By R. J. BARTLETT, M.Sc., *Report of the British Association*, 1936. Section J, Psychology, p. 410.

The Director, assisted by the Assistant Director with regard to clinical aspects, read a paper describing a case of severe disorientation, which had been diagnosed as "early G.P.I." previous to admission, but which was found after admission not to be so. The patient's condition was due solely to amnesia, the cause of the amnesia being not ascertainably organic. Memory work, consisting of: (a) patient conversational recovery of recent events; (b) retracing previous walks and recovery of incidents therein; (c) laboratory work with outline drawings; played an important part in the treatment, which resulted in an alleviation sufficient to enable the patient to return to work satisfactorily.

(c) "Precocious Puberty in a Girl aged 4 years." By A. WHITE FRANKLIN, M.B.

Proceedings of the Royal Society of Medicine, December, 1936, Vol. XXX, No. 2, Section for the Study of Disease in Children, pp. 101–103. A girl, aged 4 years exhibited some of the physical signs of puberty, including some early ossification, enlargement of the breasts, and menstruation, from the age of 18 months. Dr. Armitage and Miss Harbinson collaborated with the mental testing, which gave an I.Q. of 107, there being no mental precocity. Probable condition: granulosa-celled ovarian tumour. (Urine: 10 international units of Oestrin per litre—normal for adult women 20–5 international units.)

LXVII.—FROM ST. ANDREW'S HOSPITAL, NORTHAMPTON.

General Report.—By Dr. D. F. RAMBAUT, Medical Superintendent.

Wantage House, with its complete laboratories and therapeutic facilities, enables us to keep in intimate touch with various aspects of Psychiatry which are from time to time described in the scientific literature of mental illness. At Wantage House we are able to carry out investigations and treatment, which would be arduous or impossible were Wantage House less completely equipped. With our facilities it is not unduly difficult to keep abreast of our speciality.

Extensive redecoration and some renovations have been carried out at Wantage House during the year, and this for a time reduced our number of admissions.

During the year there were 50 new admissions, of which 38 were admitted on a voluntary basis. Twenty-nine patients were discharged from Wantage House, either to their own homes or to convalesce in our Villas. There were 7 deaths during the year, all of which were from natural causes. Two of these resulted from inoperable cerebral tumours.

Involucional Melancholia.

I was much impressed by an article by Werner *et al**, advocating the treatment of involucional melancholia by intra-muscular administration of Theelin. They reported on 40 patients, obtaining marked improvement in 54 per cent. of the cases and moderate improvement in 21 per cent.

During the year their technique of a daily injection of 50 rat units was given to 6 patients over a period of 6 months at this Hospital. The results so far appear to me to be encouraging and to justify further trial.

* August A. Werner, M.D., and Louis H. Kohler, M.D., St. Louis, and C. C. Ault, M.D., and Emmett F. Hctor, M.D., Farmington, Mo. *Arch. of Neur. and Psych.*, 1936, **35**, 1076.

Hydrotherapeutic Department.—By Dr. D. J. O'CONNELL.

This department remains the most useful therapeutic unit of the Hospital. It is in constant daily use, and its benefits are very real and definite. The prolonged bath remains one of the most certain methods of restoring restless patients to a state of tranquillity. Furthermore, these benefits are readily recognized by the patients themselves, and it is not unusual to receive requests for extra baths when patients feel that they can no longer maintain their self-control. The Turkish and Russian baths are also in constant use, and are most useful in the depressed group of patients. We hope to publish a paper on this aspect of hydrotherapy when sufficient material has been collected.

Electrical Department.—By Dr. D. J. O'CONNELL.

Forty-four patients were treated in this department during the year. Of these, 32 were treated by artificial sunlight—each having an average of 7.37 treatments. The greater number of those who had Sunlight Treatment received it as a tonic, and most cases greatly benefited from the radiation. It has also been found beneficial in certain cases of skin disease. The other 12 patients were treated by the Infra-Red lamp for local rheumatic conditions.

A combined Infra-Red and Artificial Sunlight lamp on the one stand has been installed during the year.

The department is fortunate in now possessing two Sunlight lamps, each to deal with the type of work for which it was designed. The older lamp has been converted so that local treatment may be given with Quartz Applicators. This treatment is found to be of great value in clearing up septic wounds and indolent ulcers.

All cases which in the past would have been treated by Diathermy are now first treated by the Infra-Red lamp. This, however, does not mean that Diathermy can be replaced by the Infra-Red ray. When the condition is of long standing or is deep-seated the Infra-Red ray cannot penetrate deep enough to have the desired effect, and Diathermy must then be used.

X-Ray Department.—By Dr. D. J. O'CONNELL and Mr. E. TRANMER.

The number of radiological examinations carried out during the year 1936 was 172. Of these, 41 were examinations of the accessory sinuses of the skull and 40 were dental examinations. In some of the remaining 1 patients Cholecystography, Pyelography and Intestinal examinations by the Bismuth Meal method were performed. Of those examined for disease of the accessory sinuses only 2 were suggestive of sinus infection. After proof puncture however, they proved to be negative.

During the year the Radiological Department has been completely modernized. A Super Rontgen Power Unit, incorporated with Autonomie Couch, was installed by Messrs. Watson & Son, Ltd., London. The new equipment is completely shockproof, and it is possible, without danger, to make contact with any part of the plant while it is in operation. All unsightly and dangerous overhead high tension cables are dispensed with. This safety factor is of the utmost importance where resistive and un-cooperative patients are concerned. The rapidity of the exposures, the flexibility and silence of the installation, plus its safety, have greatly widened the scope of the department. With the non-safety type of plant, co-operation on the part of the patient was, to a large degree, essential if a satisfactory film was to be obtained. This assistance by the patient, however, is not the important factor that it was in the past and a far greater number of patients can now receive an X-ray examination. Due to the entire absence of "sparking" on the plant anaesthetics can be administered without the slightest danger of an explosion.

A further important advantage of the new plant is that superficial X-ray therapy can be given by it.

Although the X-ray department was closed for several weeks while the new equipment was being installed, the number of patients examined in 1936 was slightly higher than that of the previous year.

Operations.

There were 9 major operations carried out during the year. Three of the anaesthetics were administered by the Honorary Anaesthetist of the Northampton General Hospital. The remaining six were given by members of our own medical staff.

Laboratory Report.—By Dr. W. R. ASHBY and Mr. C. WEBB.

(1) The number of examinations made during the year, and of which details are appended, was 2,600.

Urines : routine, 1,426; special, 11. Faeces : bacteriological, 168; chemical, 58. Blood : total counts, 205; leucocytes, 24; malaria films, 18. Blood (chemical): non-protein nitrogen, 20; calcium, 45; CO₂, 25; sugar, 40; Van den Bergh reaction, 60; cholesterol, 84; urea, 67; glucose tolerance tests, 57; bromide, 2. Serological reactions : blood Kahn, 19; blood Meinicke, 28. Blood sedimentation rate, 23. C. F. S. Kahn reaction, 9; general, 14. Test meals, 23. Examination of vomit, 3. Bacteriological examinations : gastric juice, 8; pus, 12; throat swabs, 19; blood-culture, 6; sputum, 14. Vaccines prepared, 2. Histological specimens prepared, 86. Friedman pregnancy test, 1. Tissue cultures, 23. Post-mortem examinations, 16 (50 per cent. of the deaths).

(2) During the year several new methods have been added for the examination of the patients. Among these is the method for estimation of blood-bromide. As a result of the work of Barbour, Pilkington and Sargant (1936) of the Maudesley Hospital, it has become clear that bromide intoxication is more common than was suspected. One case was admitted to this hospital suffering from some confusion and depression. There was a history of bromide medication for some months prior to admission. On examination his blood-bromide proved to be 198 mgm. per 100 c.c. This amount of bromide, coupled with evidence of some arterial and renal degeneration made it likely that part of his symptoms was due to bromide intoxication. Salt and water treatment was instituted but the patient, unfortunately, did not stay. It appears to be clear, however, that estimation of the blood-bromide is likely to be of value in the future.

The Meinicke reaction for syphilis is now used as the routine test for all new admissions. This test has the advantage of great sensitivity and is therefore of most value as an exclusion test. Owing to its great sensitivity, however, it is apt to give occasional false positives. In the case of a positive result we repeat the examination, using the much less sensitive Kahn

reaction. We do not use the Wassermann reaction at all in this laboratory. In our opinion the Wassermann reaction should have been abandoned years ago. It doubtless would have done so had it not gained an entirely unjustified reputation for infallibility. But repeated experience has shown that the Wassermann reaction is not in any way superior to the many flocculation tests, and the latter are obviously superior in their simplicity. A further advantage of the flocculation tests is that they are known to differ in their sensitivity. It seems to be becoming accepted that sensitivity and specificity vary inversely in these tests. It seems clear, therefore, that the best method for the serological diagnosis of syphilis is to use two tests: one as sensitive as possible and the other as specific as possible. In this way one may achieve both sensitivity and specificity. In any case of disagreement between the 2 tests, one may usually settle the question either by the clinical examination or by giving a "provocative" dose of an arsenical.

The Friedman test for pregnancy has again proved its value. A patient was admitted with some depression and there was a history that at a previous pregnancy she had developed puerperal insanity. Further the patient had missed 2 periods. In a case like this it is clearly of great importance to know whether the patient is or is not pregnant. The pregnancy test in this case was negative. Operative interference was therefore ruled out. That this was the correct course was shown by subsequent normal menstruation.

(3) In conjunction with Dr. R. M. Stewart, an investigation is being conducted into the chemistry of the brain of an interesting mental defective, who appeared during life to be an unusual case of Niemann-Pick's disease. In the brain are deposits of a substance which appears to be lipoid. Its precise nature is uncertain but an investigation into its nature is being conducted. The final results are not yet available.

(4) *Tissue Culture*.—We have commenced an investigation into the subject of tissue culture of the nervous system in order to see whether the method offers any promising lines for research into the functions of the nervous system. The technical requirements are difficult but not insuperable. So far the investigation has been limited solely to reproducing the results of other workers. Twenty-three cultures have been prepared and all the well-known features have been reproduced. As tissue culture methods have been little used for investigating the nervous system, a brief outline of the present position may be of interest.

The first tissue culture ever made was by R. G. Harrison in 1907. This, curiously, was a culture of nervous tissue. About 30 years ago, one of the outstanding problems in neurophysiology was the question of the origin of the axis cylinder. Some held that the axon was an outgrowth of the nerve cell, while others held that the axon was formed *in situ* by the surrounding sheath cells. In attempting to answer this question, Harrison took small pieces of frog nerve and kept them aseptically in frog lymph. He observed that long filaments grew out from the nerve. These filaments were later shown to be true axis cylinders, and the experiment thus settled the question of whether the nerve cells, without any other tissues, could grow axis cylinders.

The material most commonly used for tissue culture is that of the embryo chick. If a piece of brain is taken from a chick-embryo of 6–14 days incubation and put into Ringer's solution with rigidly aseptic precautions, and kept warm, fine nerve processes will grow steadily outwards. They are extremely fine and terminate in an expanded end which is actively amoeboid. On a warm stage the amoeboid end can be seen moving as though exploring the medium ahead. These fibres will grow reasonably well in simple Ringer's solution, but for the best growth the tissue should be grown in a clot formed by mixing plasma and embryo extract.

An interesting feature of the growth of these fibres is their great dependance on the *mechanical* conditions. If the tissue is allowed to float free in a fluid medium the cells soon round off and die. It is possible to grow fibres in a saline mixture provided that only a mere film of fluid is used so that the tissue is held firmly on to the cover slip by the surface tension of the fluid. In a solid clot, however, they will grow freely since they are everywhere supported.

It was thought at one time, as a result of Ingvar's paper, that the nerve fibres were directed partly by electric potentials or currents. This idea has been much used in discussions of the theory of nerve growth. But Weiss has recently studied the effects of electric currents without being able to discover any specific electric effect. He has, however, shown the great importance of the mechanical conditions in the clot. By treating the clots in various ways so as to induce lines of strain into the fibrin framework, he has shown that these lines of strain have a marked directing effect on the growth of nerve fibres. It seems likely that the growth of nerve fibres in the embryo is largely controlled by similar factors.

The growth referred to above is the growth of fibres. Cellular growth and division hardly occurs at all in the explanted nervous system. Division of an occasional cell has been observed but practically all growth stops in culture. This is in marked contrast to the growth of fibroblasts which divide freely in culture. At the Rockefeller Institute there is a strain of chick fibroblasts which has been maintained in culture for over 24 years. During the whole of this time it has been, and still is, growing freely. The reason for the cessation of cellular growth is still unknown, but it seems to have something to do with the lack of "pull" from the tissues which it would normally innervate.

Most parts of the nervous system provide a good growth of fibres. Sympathetic nerve fibres have been observed growing in cultures from intestine, etc.

No less than 12 types of tissues have now been obtained in pure culture (i.e. uncontaminated with other types of cell). But so far, no one has obtained nerve cells in pure culture. It should be borne in mind that a tissue culture is not a collection of isolated cells in the way that a bacterial culture is. On the contrary, the culture behaves more like a small, organic whole. Thus it is usually impossible to get a single cell to grow. The culture will not grow unless it starts as a small colony.

One great advantage of the tissue culture method is that one is working with living, and not with dead, cells. Most of the work done in neuropathology deals with cells, either obtained post-mortem or killed by fixatives. Any method which will enable the study of living nerve cells is clearly worth investigation.

Some work has been done on the morphology of primitive nerve cells and some on the effects of various noxious agents, but there is little doubt that tissue culture methods still offer much scope for research.

(5) A statistical investigation was conducted on behalf of the Mental Deficiency Committee of the Royal Medico-Psychological Association. The investigation was intended to ascertain the incidence of various "neuropathic" conditions in the normal population. An examination of the papers has been made. It will probably be published later in the *Journal of Mental Science*.

(6) Another statistical investigation was conducted on behalf of the Infectious Diseases Sub-Committee of the same Association. This investigation was intended to ascertain the results of treatment of chronic enterica carriers in mental hospitals by cholecystectomy. The conclusions were

published in the *Journal of Mental Science* (1936, 82, 263). The conclusions were:—

(1) Cholecystectomy appears to be the only treatment which has any reasonable chance of success with faecal excretors of the typhoid group of organisms.

(2) Before operation it should be made certain that the patient is not a urinary carrier, since in these cases cholecystectomy is useless.

(3) The case should be tested bacteriologically for not less than one year before operation, in order to make sure that the patient is really a chronic carrier and not a typhoid convalescent with a rather protracted period of infectivity.

(4) As long as the patient appears reasonably fit, age alone is not a contra-indication to operation.

(5) With cholecystectomy one may expect about 75 per cent. of cures.

(6) The operative mortality appears to be about 20 per cent.

(7) The chance of the operation failing to cure the carrier condition is small—about 2–5 per cent.

(8) There is evidence that curing the carrier condition is beneficial to the health of the patient.

(9) After operation cases should be tested bacteriologically at weekly intervals, or more often for at least one year, in order to make sure that they really are non-infective before being returned to the general wards.

Nasal Diphtheria Carriers.—By Dr. G. DE M. RUDOLF, M.R.C.P., D.P.H., D.P.M., and Dr. W. R. ASHBY. (Published in the *Journal of Hygiene*, 1936, 36, 129.)

Dr. Ashby's work in this paper was limited to the mathematical examination of the problem.

In treating a series of 71 nasal diphtheria carriers (by Dr. Rudolf), each person was repeatedly examined by nasal swabs until three successive negative swabs were obtained. But it was found that a certain proportion of the swabs gave negative results although later positive results showed the person to be still a carrier. This occurrence of negative examinations in known carriers is, of course, not uncommon. But before the effect of treatment can be discussed it raised the question of whether some of the final three consecutive negative swabs might not be due simply to chance. It was therefore necessary to investigate first the possibilities of chance in the production of the results. The problem may be stated more accurately as follows. If each test has a chance, q , of being negative when taken from a known carrier, and if the testing stops after n consecutive negative tests, it is required to find the mean and variance of the distribution of the number of tests per person. In the paper it is shown that:

$$\text{Mean tests per person} = \frac{1 + q^n}{(1 - q)q^n}$$

Variance of the number of tests

$$= \frac{1 - (2n + 1)q^n + (2n + 1)q^{n+1} - q^{2n+1}}{(1 - q)^2 q^{2n}}$$

With the aid of these equations the quantities expected by chance could be compared with those actually found. Methods were devised to test whether the differences found were statistically significant.

Although these equations were worked out in connection with nasal diphtheria carriers, yet they are really much more general and may be used over a wide range of problems connected with the detection of the carrier condition.

Another point of some importance in dealing with carriers was also investigated. Owing to the occurrence of occasional negative results even with known carriers, it is clear that a single specimen will be of little value. It is a common practice to take 3 specimens "to make sure." But this number (3) has little justification. It is shown in the paper that if p is the percentage of positive results given by the test when applied to known positive cases, and if P is the percentage of carriers detected by n tests, then

$$P = 100 \left\{ 1 - \left(1 - \frac{p}{100} \right)^n \right\}$$

A nomogram is given in the paper for this equation by which it may be rapidly calculated or solved if two of the quantities are given. On applying the equation to ordinary conditions it is soon found that in many cases the number of examinations made is much too small if one wishes to be sure of detecting a high percentage of carriers. Thus, known typhoid carriers seldom give more than 50 per cent. positive cultures the rest being negative. If we wish to be sure of finding at least 99 per cent. of the carriers, then by the equation above, we must make at least 7 separate examinations on all new admissions.

A case of (?) Congenital Adrenal Insufficiency.—By Dr. B. F. M. BOND and Dr. W. R. ASHBY.

Miss D. was admitted on April 13th, 1929, at the age of 37. She was a case of dementia praecox and her mental condition became progressively worse. She had a typical shut-in personality. She was quiet at first, though willing to reply to questions. Delusions were present on admission, though they could only be elicited with difficulty owing to her extreme reticence. She lived in a state of phantasy and hallucinations soon became evident. She became impulsive, abusive, and violent, frequently noisy and often talking volubly in response to voices though always unwilling to converse. Towards the end of her illness she became almost entirely inaccessible and refused to have any contact with the world of reality. She spent most of her time singing quietly or shouting.

For some months it had been necessary to keep her in bed on account of her mental and physical state.

On admission in April 1929 her physical condition was as follows:—

She was tall and thin with a dark complexion, and even at that time pigmentation was noticed though it was not very marked. There was oedema of both ankles. Nothing abnormal was found in the lungs, heart or abdomen but the blood pressure was only 100/65. She was well below the normal weight for her height.

Her general health improved at first but the improvement was not maintained. On December 16th, 1929, it was reported that there had been a gradual deterioration in her physical condition. She had less energy and her weight was then only 6 st. 9½ lbs. She looked anaemic and the brownish pigmentation was more obvious. Adrenal insufficiency was suggested at this time.

By March 11th, 1931, there had been a definite improvement, especially on the cardiovascular side while under supra-renal extract, but this improvement was not maintained.

During the next 4 years there was little change. She took her food well and gained some weight but the pallor continued and the brown pigmentation, which strongly resembled that of typical Addison's disease, became more marked. The patches were generalized but were most plentiful on the face and anterior aspects of chest and abdomen.

In spite of the pallor, the blood picture was reasonably healthy. Haemoglobin varied from 72 per cent. to 86 per cent. R.B.C. from 3,700,000 to 4,800,000 and the W.B.C. from 5,000 to 8,000. The blood pressure was

consistently low but did not reach the figures usually recorded in Addison's disease. Systolic pressure was usually between 90 and 100, seldom above and the diastolic reading about 60 to 65 mm.

She appeared weak and faint at times, yet at others she was able to display a surprising outburst of energy which required the efforts of several Nurses to control.

She died suddenly on the morning of December 15th, 1936. It was her custom always to fetch her own meals from the serving table in the Ward. She would refuse to eat anything brought to her by a nurse or anything that she thought somebody else might have handled. She jumped out of bed on this occasion, fetched her breakfast and on her return stumbled. A nurse caught her and prevented a fall but found her to be dead.

For some time it had been apparent that this was not a case of typical Addison's disease. The symptoms were too mild and the progress of the disease too slow. Blood pressure was never as low as is usually the case in that disease. The symptoms, however, suggested a definite deficiency in the functions of the adrenal medulla. There was at no time any evidence of tuberculosis in the patient though one maternal aunt had died of phthisis.

Post-mortem.—The main features were: the lungs showed no sign of tuberculosis. The heart muscle showed some brown pigmentation, otherwise it was normal. In the mesentery was one old, calcified, lymph gland; the calcareous mass measuring $1\frac{1}{2}$ cm. in diameter. The intestines and appendix were normal. The suprarenals were both apparently normal to naked eye examination. On histological examination, however, it was apparent that the amount of medulla was much below that of the normal. The cells of both cortex and medulla appeared reasonably normal. The amount of cortex present was normal. There was no sign of any pathological process (e.g. fibrosis, new growths, etc.) in the sections. Since the condition appeared to be one of congenital hypoplasia, the state of the other endocrine organs may be mentioned. The thymus was absent. The thyroid, pancreas, and ovaries appeared normal. The uterus was normally developed. The skull was not opened, at the request of the relatives.

The interest in this case lies in the development of the symptoms of Addison's disease in a person who appears to have a congenital hypoplasia of the suprarenal medulla. The suprarenal cortex was fairly normal and it will be noticed that in the symptoms the most prominent was the low blood-pressure. That the condition was a congenital hypoplasia, and not due to a destructive lesion of the medulla was clear from the histological appearances.

In our opinion the most likely explanation of the patient's symptoms is, that she was originally provided with too small a quantity of medullary tissue and that this medullary tissue failed by exhaustion. In this connection it is worth remembering that the failure by exhaustion of a gland of internal secretion is not unknown. In the islets of Langerhans, for instance, in experiments where a part of the pancreas has been removed, it is found that diabetes may result from exhaustion of the remaining cells. If the cells are given rest by supplying insulin they may recover and begin to function again—the latter being shown by decreasing insulin requirements.

With regard to the cause of the exhaustion, it is possible that this may have been related to a rich and turbulent phantasy-life. There are many indications for suspecting that in many cases of apparent apathy and blankness of mind the patient is really busy with endless active and complicated phantasies, often of a type highly charged with emotion. That this was so in her case is suggested by some of the entries in the case-records; "Her sleep is disturbed and nights restless" (1930). "She lives in a state of phantasy and is definitely hallucinated. She converses with unseen people and many times in the day will jump out of bed and scream and shout at the top of her voice and be very abusive to her unseen tormentor" (1930). "She

has auditory hallucinations and seldom talks except in reply to these" (1934). "Full of strange delusions and fears of danger to Royalty, etc." (1936).

If one takes the main events in chronological order they go: congenital hypoplasia of the medulla-psychosis-development of Addisonian symptoms. One wonders how much of her psychosis may have been due to a vicious circle: the insufficient medulla starting her with an inability to react adequately to her environment, this inability leading to increased fears and emotions, and this again leading to an increased exhaustion of the already insufficient medulla. One does not know. But the case is certainly suggestive. One wonders how many other psychoses may not be due to a similar vicious circle.

Reversal of Mental Symptoms following Cerebral Haemorrhage.—By Dr. B. F. M. BOND and Dr. W. R. ASHBY.

This case is of interest on account of the remarkable alteration in mental symptoms as the result of a stroke whereby a man who was previously hallucinated, deluded and abusive became tranquil and sociable and gave no further evidence of hallucination or delusions.

J.V.R., a man of 43, was admitted on January 18th, 1932, as a transfer from a previous mental hospital. He was a typical case of paraphrenia. He was affected by auditory hallucinations and delusions of persecution. The latter were remarkably constant in form. He believed that he was under the influence of waves of electricity acting on his body from an instrument in Paris. The "man in Paris" was, in fact, held responsible for many of his troubles. He frequently asked for a transfer further North in order to get further away from Paris. He maintained that his certification had not been carried out correctly, that he was illegally detained and that only the fact that he had no money prevented him from leaving immediately.

He was abusive and obscene, particularly to the Medical Superintendent, or to the Commissioners of the Board of Control. The Doctor on the round was usually excused as being hardly responsible for his acts, and, in any case, being himself subjugated to the will of the higher authorities.

He made considerable use of a typewriter. He has several stock messages such as "Torn out of centre of book because of no answer," "Suffering from Waves of electricity on my body from an instrument in Paris," and "£5 and I am gone, J.V.R.Wrong," but also despatched abusive and accusing letters to the Board of Control, the Medical Superintendent, the War Office and various Ministries.

Physically he was stout and affected by hyperpiesis. Blood pressure had been about 190/140 for years and had reached as high as 230 systolic on several occasions.

On April 12th, 1936, he had a cerebral haemorrhage. He was unconscious for 24 hours and then showed complete right hemiplegia with aphasia and had evidently sustained a fairly considerable lesion. He made a slow but steady recovery and with massage recovered very fair use of his limbs. By July he could walk about the ward unaided. There is still a certain amount of paresis but his condition is remarkably good considering the security of the apoplexy. Aphasia still persists though he is capable of incoherent phonation. He can, however, at times articulate sufficiently clearly to make himself understood. He has been persuaded to use his typewriter again and, although it requires greater effort than previously, he can write clearly through this medium.

The mental change is interesting. There is apparently a complete absence of the old hallucinations and an equally complete disappearance of his delusions of persecution. He is mildly confused; ideation is a little slowed; but he is cheerful, pleasant and sociable though perhaps a little weak-minded but only in contrast to his previous somewhat formidable personality.

He now smiles cheerfully when addressed (even by the Medical Superintendent) and willingly initiates and maintains a conversation, though unfortunately most of his remarks are unintelligible. He can, however, understand what is said to him and will co-operate to the best of his ability, whereas previously he would only do so after categorically formulating his objections.

He remembers some of his delusions but now laughs at the mention of the "man in Paris" or his urgent need of £5. He no longer wishes to leave the Institution but seems perfectly contented to remain where he is and to follow out a simple routine of life. His blood pressure remains high but he has lost weight as a result of his illness and now shows the benefit. Apart from the paresis, in fact, his physical condition is very fair.

The interest in this case is two-fold.

Firstly the apparently complete loss of the essential symptoms of his psychosis.

Secondly, the remarkable recovery of physical powers after a severe cerebral haemorrhage. It is suggested that this is due to his mental condition, for at no time did he have any insight into the nature of his illness. He remained complacent throughout and was, in fact, rather amused by his gradual recovery of function. The lack of anxiety and his detached view of the whole proceedings would appear to have had a beneficial effect upon his convalescence.

The case is of some significance since it may throw some light on the etiology of paraphrenia. In most of the psychoses one of the outstanding problems is the question of whether the disturbances are primarily of physiogenetic or psychogenetic origin. In this particular case it appears to be unlikely that his psychosis was caused by any abnormality in the brain since it is difficult to see how an abnormal brain could be benefited by being damaged still further. Lashley has shown in the rat that if one corpus striatum be destroyed, the animal suffers from a marked disorder of movement, being unable to go in a straight line but being apparently forced to turn endlessly to one side. It is grossly hampered in its attempts, say, reach to a dish of food. But if now the other corpus striatum be destroyed as well, the animal no longer suffers from forced turning movements and can now reach a dish of food much more easily. In fact, to casual inspection, the animal with both corpora striata destroyed appears much more normal than the rat with only one destroyed. Here we have an example of an animal which is improved by a further lesion of the brain, but it is doubtful whether this experiment is really comparable to our case. In the case of the rat, the improvement was achieved by balancing the first lesion with a second similar lesion, but, probably no one would suggest that our patient's previous paraphrenic symptoms were due to a lesion similar to that caused by the haemorrhage.

On the other hand, it is well known in the neuroses and psychoneuroses, that one symptom can act as an alternative or substitute for another. Thus a patient deprived of a paralysis by, say, hypnosis is very likely to develop anxiety, while this, again, will disappear at the onset of another paralysis.

It seems more likely, therefore, that the results of the haemorrhage have provided the patient with an adequate substitute for his previous symptoms. This again suggests that in this case the paraphrenic symptoms were due primarily to psychological and not to "brain-pathological" factors.

Whether this so in all cases of paraphrenia remains an open question.

A case of Acute Confusion associated with Heart Failure.—By DR. G. JOLY DIXON.

Mrs. L., a married woman aged 54, was admitted to this Hospital on November 7th, 1936. There was a history of an attack of congestive failure in May 1935 and since then her exercise tolerance had been much reduced.

In October 1936 she went to bed on account of pain in the back. After a week she became excited, talkative and incoherent. Symptoms became steadily worse and she developed delusions such as that her food was being poisoned and that her doctor was persecuting her. A month after the onset of illness she was sent to hospital as a Temporary patient owing to the difficulty of feeding her and keeping her in bed.

On admission her physical condition was as follows: she was well nourished with pale, puffy face and considerable dyspnoea. She vomited occasionally and her breath smelled of acetone. There was fairly severe pyorrhoea. The heart was dilated and the veins at the root of the neck were abnormally full. She was in a condition of auricular fibrillation with apex rate of 150 beats per minute of which only 88 reached the wrist. Systolic blood pressure in the arm varied between 140 and 160 m.m. of mercury and the diastolic pressure was about 95. The liver was enlarged and tender. There was some congestion of the bases of both lungs but no ascites and no oedema of the subcutaneous tissues.

Her mental condition was one of acute confusion and apprehension. She was affected by visual hallucinations and delusions of impending calamity. She was acutely restless and resistive but not violent.

Routine examination of the urine showed a condition of *B. Coli* cystitis.

A diagnosis was made of confusional psychosis subsequent to cardiac failure. As such cases are universally regarded as of grave prognosis, treatment was instituted immediately. An injection of morphia was followed by intravenous strophanthin gr. 1/100 and, two hours later, by one drachm of tincture of digitalis by mouth.

The next morning the heart rate at the apex had fallen to 95 beats per minute, practically all of which reached the wrist. The mental condition showed marked improvement with more restfulness and less confusion.

After several days' treatment with large doses of digitalis and occasional injections of strophanthin, the cardiac condition was effectually controlled and the requisite maintenance dose of digitalis ascertained. During this period it was noticed that the patient was restful and co-operative so long as the cardiac condition was under control, but that once the ventricular rate rose and the pulse deficit reappeared, her mental condition relapsed. By the 12th day she had become sufficiently stabilized to be removed from Temporary Certificates and to become a Voluntary Patient.

As soon as the cardiac condition allowed, the eradication of septic foci was commenced. The infected teeth were removed cautiously at several sittings under local anæsthesia. Oral administration of ammonium mandelate was instituted in an attempt to cure the cystitis.

It is interesting to note that the mental condition was first recorded as normal on December 30th—a few days after the last dental extraction.

The mouth recovered normally but the urinary infection did not respond so well for the organisms reappeared as soon as the drug was discontinued.

The patient was discharged on January 21st, 1937, having shown no mental abnormality for over 3 weeks.

Summary.—A case of confusional psychosis associated with auricular fibrillation is described. The control of the heart failure produced a coincident amelioration of the mental symptoms, and during stabilization it was noticed that mental improvement varied inversely as the ventricular rate. The satisfactory progress of the case is attributed to the adequate administration of digitalis and the eradication of septic foci.

Dental Department.

1. Report by Mr. GAINSFORD REED, L.D.S., visiting Dental Surgeon to the Main Hospital.

Regular weekly visits to the Main Hospital have been maintained during the year, consisting of one half-day each week.

Fifty such visits were made; also certain patients were seen at my surgery; 125 patients attended for dental examination and treatment (55 male and 70 female), which is a slight decrease on last year. The total number of attendances made by these patients was 826 (405 male and 421 female).

Forty-one patients (19 male and 22 female) who had not attended previously or for some years, came up for treatment; 84 patients (36 male and 48 female) came up for treatment again—61 of these patients had been seen during 1935 and 23 previous to that year.

In 41 cases (18 male and 23 female) radical treatment was found to be necessary and was carried out. In 62 cases (30 male and 32 female) it was possible to do conservative work and the patients co-operated in such a way as to allow the work to be carried out successfully.

Except in one case, where special circumstances existed, conservative treatment involving root treatment of the teeth has not been carried out, in accordance with the accepted view that devitalized teeth can be a definite source of infection producing bacterial toxins.

Ninety-nine reports, including radiographic reports, were sent in (56 male and 43 female); 14 patients (5 male and 9 female) were given a general anæsthetic for extraction of teeth, and of these Evipan Sodium was used in 5 cases (3 male and 2 female).

The dental treatment of all cases throughout the year has been carried out in close co-operation with the medical officers, and the elimination of dental sepsis has been constantly borne in mind in view of the fact that it is a contributory factor in the causation of mental disease.

It was found that, in the case of a patient suffering from dementia præcox, the removal of septic teeth resulted in great improvement in the general condition, in so much that the patient took her food better and regained lost weight. The restlessness and impulsive attacks particularly noticeable before the extraction of the septic teeth, had been practically abolished.

Another patient suffering from marked confusion, had several septic teeth removed by the spaced method of extraction, with the result that she shortly became lucid and was able to leave the Hospital within three months of her admission.

These are only two examples of the distinctly beneficial effect produced by radical dental treatment.

The mouths of the 41 patients who had not attended previously or for some years, showed acute gingivitis, large deposits of hard and soft calculus, pyorrhoea either general or localized, and dental caries. The chief pathogenic feature is the unhealthy gums leading up to suppurative inflammatory conditions.

Radiographs have been taken in the X-Ray department in all cases where there has been the slightest doubt in the diagnosis of oral sepsis either of the open or closed type. Oral sepsis was recognized in 78 per cent. of the new cases, either clinically or by radiographs.

The vital importance of maintaining the mouths of the patients in a healthy condition becomes more evident in view of the fact that the mental patient is unable to pay due attention to oral hygiene. It has been found, in cases where the patient is unable or refuses to tell that he or she is having pain, that the removal of septic foci or acute infection is generally followed by a distinctly beneficial effect on the mental state.

During the course of the year particular notice has been taken of the effect of the removal of septic teeth, either by multiple or spaced extraction methods. The method employed is determined by consultation with the medical officers, and in all cases it can be reported that there has been very little disturbance physically, and in none of them have complications arisen.

In 62.5 per cent. of those cases where extractions have been done it has proved possible to provide dentures.

In 1 case co-operation was found to be impossible, but in all other cases where treatment was advised and sanctioned it was brought to a satisfactory conclusion.

On re-examination of those patients (84) who received treatment during 1935 and previous years a distinctly beneficial result can be claimed.

Comparison of the analysis figures of 1936 with those of the previous years shows a decrease in the number of patients treated and in the work done. This can be accounted for by the fact that radical treatment had been carried out previously and carious and septic teeth in the chronic patients are not to be found. In a number of cases the patients' mouths are edentulous, and in certain of them co-operation in the wearing of dentures has been quite successful.

The number of new patients treated is practically the same as in each of the previous 3 years.

The following is a summary of the work completed throughout the year :—

No. of general anæsthetic cases for teeth extractions, 14; No. of patients who received N₂O and local anæsthetic for teeth extractions, 27; No. of teeth extracted, 184; No. of fillings done, 96; attendances by patients for scaling, gum treatment, cauterizing and syringing, 221; dressings, 13; new dentures inserted, 24; dentures repaired, remodelled, etc., 63.

2. Report by Mr. F. A. HUSBANDS, L.D.S., Visiting Dental Surgeon at Wantage House.

During the year, 34 new cases have come under examination, and 29 patients have been re-examined.

Radiographs were taken for 28 cases.

For various reasons the treatment advised was not carried out in 13 cases, and only partially done in 9 others.

The general condition of the mouths which have come under observation has been decidedly good, only 3 cases showing obvious neglect.

Impacted wisdom teeth were present in 9 cases, and these were removed surgically in 4 cases, 3 under general anæsthesia. In the other cases, either on account of the age, or general condition of the patient, the operation was considered inadvisable.

In 1 case, the condition of the patient improved very rapidly following the operation, which suggests that the impactions were a definite factor in her condition.

Details of treatment completed during the year are appended :—

Fresh examinations, 34; re-examinations, 29; radiographs, 28; scaling and polishing, 43; fillings, 120; dressings, 4; extractions, 12; surgical removals—under local anæsthesia, 3; general, 7; Provisions of dentures, 11; visits *re* dentures, 27; repairs, 6.

LXVIII.—FROM WONFORD HOUSE HOSPITAL, EXETER.

General Report.—By Dr. H. W. EDDISON, D.P.M., Medical Superintendent.

Laboratory Report.

The following is a summary of the examinations made during the year :—

Urine : routine, 923; special urea concentration 18; bacteriological, 6; spectroscopic, 6. Blood : red and white cells, counts and hæmoglobin estimation with colour index, 22; differential counts, 22; agglutination tests (various), 15; Sachs Georgi reaction, 13; urea estimation, 15; Wassermann, 3; sedimentation rate, 6; Van den Bergh, 1. Fæces : bacteriological examination, 3; occult blood, 5. Throat swabs, 9. Gastric analysis, 1. C.s.f. complete examination including Wassermann test, colloidal gold reaction, Nonne-Apelt reaction, protein content, 1.

A case of Acute Pyelitis treated with Mandelic Acid. By Dr. B. J. MULLIN, M.C., D.P.M.

A.A., admitted on September 7th, 1935. Female.

This patient was suffering from recent melancholia.

Three months after admission she had an attack of acute pyelitis. The right kidney was enlarged and tender to palpation. Pain and frequency of micturition were present with pyrexia. The urine was acid with a trace of albumen, a white deposit, pus cells 3,550 per c.mm., culture showed B. Coli non-haemolytic in profuse and pure growth, no casts.

The acute symptoms subsided after 8 days treatment with potassium citrate 1 drachm in 4-hourly doses. An examination of the urine showed no change, the pus cells being 3,032 per c.mm.

Treatment with mandelic acid 3 grammes, followed by ammonium chloride 1 gramme 4 times daily was substituted for the potassium citrate. The pH of the urine being kept at 5.3. The urine was clear on the 5th day after treatment and sterile on the 14th day. The patient was free from pain and the frequency of micturition had disappeared. The treatment was discontinued.

She made a complete recovery from the pyelitis and her weight increased by 12 lbs. during the following 8 months. Her mental condition improved and she left the hospital on November 12th, 1936.

Cod-Liver Oil in the Treatment of Burns. By Dr. B. J. MULLIN, M.C., D.P.M.

A.W., admitted on August 14th, 1936.

She was suffering from recent melancholia.

A few days prior to her admission her clothes caught fire causing extensive burns of the left thigh and left leg. These were treated with a solution of tannic acid.

On admission she was very depressed and agitated and had pulled off her dressings leaving the burns exposed. She had also removed the coagulum left by the tannic acid and the burns were raw and painful. Treatment with picric acid dressings was tried with no success as she refused to leave the dressing undisturbed.

A week after her admission dressings of cod liver oil, made into a paste with sterilized vaseline were applied. There was marked improvement from the first and the pain lessened. The dressings were renewed each day and she did not interfere with them. The burns were healed in 4 weeks and there was no sepsis. The scars were soft and pliable with no contracture.

Scarlet Fever and other Infectious Diseases caused by Streptococcus Haemolyticus.

By Dr. B. J. MULLIN, M.C., D.P.M.

The following account relates to female patients and staff, all adults.

On January 17th, 1936, 1 nurse had an attack of tonsillitis, the causative organism being Str. haemolyticus. Within the following week 2 patients and 4 nurses developed scarlet fever. Three weeks later another member of the staff had erysipelas. They were all contacts.

The staff were sent to the Exeter Isolation Hospital. The patients were treated in an isolated wing of the mental hospital. They all recovered. One of the scarlet fever cases was complicated by acute nephritis. This was a feeble lady of 67 years. She responded well to scarlatina streptococcus antitoxin.

The contacts were Dick tested, making a group of 51 patients and staff. Eight of this group were Dick positive and were passively immunized. The reactions from the prophylactic serum were unusually severe, extensive urticaria occurred in most cases.

The member of the staff who contracted erysipelas had been passively immunized to scarlet fever 3 weeks previously. She recovered from the erysipelas in about 3 weeks, but had a recurrence of the disease 17 days later. She eventually made a complete recovery.

The Therapeutic Value of a Hair-Dressing Room. By Dr. B. J. MULLIN, M.C., D.P.M.

About 14 months ago a room was equipped for hair-dressing, manicure, massage and related treatment for the use of the patients on the ladies side of the hospital. Two trained hair-dressers attend from 9 a.m. to mid-day on alternate weeks.

This innovation is appreciated by many of the patients and is welcomed by the nursing staff. About 40 per cent. of the ladies make use of the room and individual patients are treated in their own rooms. There has been a noticeable improvement in the appearance of the patients and many of them have expressed satisfaction for this new interest in their hospital lives.

The treatment has definite psychological value in patients emerging from the acute phase of such diseases as melancholia and the confusional psychoses. It helps them to regain their confidence and self-respect. The fact that they are being attended by someone who is not on the usual hospital staff makes them feel that they are returning to a normal environment.

For example: Mrs. B.M.C., a case of acute melancholia admitted on October 2nd, 1935, age 37 years. She was very depressed, apprehensive, and had attempted suicide by drowning. She had a morbid delusion that she had infected her family with some loathsome disease. She made some improvement about 4 months after admission, but was still depressed. She was persuaded to visit the hair-dresser and stated afterwards that she must be getting better because she had her hair waved. Later on she volunteered to assist the nurses in the wards and attended the occupation classes. She recovered eventually and was discharged.

LXIX.—FROM THE CALDERSTONES CERTIFIED INSTITUTION, WHALLEY.
Laboratory Report.—Communicated by the Medical Superintendent.

The following examinations were conducted in the Laboratory during the year :—

Fæces: cultural, for pathogenic bacteria, 2,137; microscopical, for *M. tuberculosis*, 251; chemical, for occult blood, 26. Urine: routine, 415; sugar estimation and test for ketones, 113; microscopical, of deposit, 104; bacteriological, 32; miscellaneous estimations, 19. Blood: sigma reactions, 178; agglutination reactions, 1,126; erythrocyte counts, 14; leucocyte counts, 14; reticulocyte counts, 8; differential leucocyte counts, 14; abnormal cells, 14; haemoglobin estimation and colour index, 14; miscellaneous examinations and estimations, 10. Throat and nasal swabs: cultural, for *c. diphtheriae*, 358. Sputa, microscopical, for *M. tuberculosis*, 113. Vaccines, preparation of, 2. Milk: analysis, 51; bacteriological, 4. Miscellaneous: bacteriological, 24. Post-mortems, 8.

LXX.—FROM THE CATERHAM (LONDON COUNTY) HOSPITAL.

General Report.—By Dr. THOS. LINDSAY, F.R.C.S.(Edin.), D.P.M., Medical Superintendent.

Progress in the various activities of this institution has been maintained. The X-ray department is now being made use of and photomicrography has become an integral part of laboratory routine.

On April 1st next 6 workroom trainers are to be duplicated by nurses so that they will be able to give their whole time to the training of patients and this will be of great benefit.

The interest of the medical staff has been gratifyingly increased by the holding of case conferences on Saturday mornings, when interesting patients are shown and discussed and the papers contributed filed. Demonstrations are also being given to the Charing Cross Students and the D.P.M. classes of the Maudsley Hospital.

Summary of tests performed in the pathological laboratory during the year :—

Urine: general, 1,693; bacteriological, 3; chloride estimation, 2. Faeces: bacteriological (B. typh. and dys.), 688; T.B., 58; occult blood, 12. Blood: hæmoglobin estimation, cell counts, differential counts, etc., 51; urea concentration, 17; sugar concentration, 8; sedimentation tests, 6; bromine estimation, 10; chloride estimation, 3; fragility tests, 3; agglutination tests, 10; cultures, 3; Van den Bergh reaction, 2. Sputum: bacteriological, 12. Throat swabs: bacteriological, 186. C.s.f.: Langes c. gold reaction, 6; Boltz tests, 161; Pandy tests, 161; cell counts, 161. Histological: frozen method, 65; paraffin embedding, 36. Miscellaneous: vaginal swabs, 2; ear swabs, 3; pus, pleural fluid, stomach contents, p.-m. scrapings, etc., 14; museum specimens, 16. Post-mortems, 23. Specimens forwarded to Central Laboratory: Blood specimens, for Wassermann and parallel tests 191; C.s.f. specimens, for Wassermann and parallel tests 161; Blood: for G.C. fixation tests, 6.

Pathological Block.—An X-ray unit consisting of 3 tubes and full equipment was installed in the pathological block and was in use at the beginning of May. Up to the end of December 105 diagnostic exposures had been taken and frequent screening had been done. The apparatus has been of great use as an aid to clinical diagnosis in early tuberculosis of the lungs and in other obscure conditions.

Photomicrography.—Histopathology has hitherto been handicapped by the difficulty in obtaining photomicrographs. In December last a photomicrographic apparatus on special rail and bench was installed. It is now hoped that research will be considerably facilitated.

The new pathological unit with its post-mortem room, laboratory, X-ray and photomicrographic-room, and developing dark-room, can now be said to be complete.

A second laboratory assistant was appointed during the year and this has helped in easing the situation due to the increasing amount of important and essential work carried out by this department.

Dysentery.

During the year 12 cases of dysentery occurred. B. Dys. Flexner was isolated in every one. In addition this organism was found in 4 other cases, 1 at a routine post-mortem examination and 3 others during routine examination of apparently healthy contacts.

Early in the year, during a post-mortem examination on a female aged 47, who had died from fatty degeneration of the heart following acute pharyngitis, a megacolon was found, the mucous membrane of which was suspiciously granular in places. Scrapings were taken and bacteriological investigation revealed the presence of B. Dys. Flexner Z. This patient had been in B block before being taken ill and had been transferred to C.1 for treatment. She died within 4 days. B block and C.1 were therefore isolated, and all contacts inoculated. Before the second injection, however (given after an interval of 7 days), 3 patients in B developed clinical dysentery, confirmed by laboratory findings, and one other was discovered to be passing B. Dys. Flexner Z without having any symptoms. No further cases occurred after the completion of inoculation. It is now our practice on the outbreak of dysentery in a ward not only to inoculate all contacts, but to make at least 1 complete bacteriological examination of the stools of such contacts. By this means we have been able to discover three symptomless cases passing B. Dys. Flexner, and who must have been a potential source of infection had they been left untreated.

In 2 other cases B. Dys. Flexner was actually isolated 2 days before the appearance of clinical signs of dysentery.

Further proof of the efficacy of prophylactic inoculation has been obtained. A total of 415 contacts were inoculated during the year. In no instance was there a single case of clinical dysentery after the second dose of vaccine had been given.

The following observations also give strong support to our contention :—

On the 4.7.36, H.L., male, aged 18, developed dysentery in Male B.3 ward, B. Dys. Flexner Z being isolated from his stools. All patients in this ward were inoculated (50 contacts). On the 22.7.36 after 3 specimens of faeces had been returned negative, H.L. was deemed free of infection. On the 26.8.36, G.T., male, aged 14, a patient in the same ward developed dysentery, B. Dys. Flexner Z being isolated. At first sight it looked as if this case was exceptional and that it was possible for dysentery to develop in less than 3 months in the inoculated. Investigation, however, showed that G.T. had been recently, perhaps incautiously, transferred to this ward, and that he had never been inoculated at all. Furthermore, bacteriological examination of the faeces of the other inmates showed that H.L. was again passing B. Dys Flexner in large numbers without, this time, showing any clinical signs of dysentery.

Details of Dysentery during 1936.

No.	Sex.	Age.	Ward.	Date of onset.	Recovery.	Remarks.
1	M.	24	M.C.3	11.2.36	7.3.36	B. Dys. Flexner Z isolated.
2	M.	18	M.C.3	12.2.36	7.3.36	" " "
3	M.	16	M.C.3	15.2.36	8.3.36	" " "
4	M.	24	M.C.3	15.2.36	7.3.36	" " "
5	M.	20	M.B.3	16.2.36	Died 22.2.36 (Died of status epilepticus)	" " "
6	M.	18	M.B.3	4.7.36	22.7.36	" " "
7	M.	60	M.A.1	19.8.36	15.9.36	" " "
8	M.	14	M.B.3	26.8.36	18.9.36	" " "
9	F.	24	F.B.	16.3.36	6.4.36	" " "
10	F.	34	F.B.	14.3.36	14.4.36	" " "
11	F.	38	F.B.	16.3.36	15.4.36	" " "
12	Boy	14	F.E.1	7.4.36	27.4.36	" " "

Details of cases passing B. Dys. Flexner without showing clinical signs of dysentery.

No.	Sex.	Age.	Ward.	Date of finding.	Remarks.
1	F.	47	F.B. & F.C.1	5.3.36	B. Dys. Flexner Z isolated at P.M.
2	F.	20	F.B.	13.3.36	B. Dys. Flexner Z isolated from faeces.
3	Boy	12	F.E.1	14.4.36	B. Dys. Flexner 7 + 2 isolated from faeces.
4	M.	18	M.B.3	3.9.36	B. Dys. Flexner Z isolated from faeces.

Diphtheria.

During February, March and April there were 9 cases of clinical diphtheria (confirmed by bacteriological examination) on the female side, 5 amongst patients and 4 amongst nurses. One case occurred on the male side in the middle of March. In addition, 2 patients and 1 nurse on the female side were found to be harbouring organisms morphologically identical with the Klebs-Loeffler bacillus. The outbreak was, in fact, traced to this nurse who had joined as a probationer, and had not disclosed that she had been a patient at a fever hospital and been suspected of being a diphtheria carrier. Her

friend, a nurse in ward F.E., was the first to develop the disease. Two days later a patient in an adjoining block was also taken ill. The next victim was an acting head nurse who before reporting sick had unfortunately been doing routine rounds throughout the female side. The whole of the female side, with over 1,000 patients (including 202 boys under 16) had to be quarantined.

Passive immunization with diphtheria anti-toxin was adopted very successfully. There were no cases of diphtheria amongst the inoculated, which included over 200 children :—

Details of prophylactic inoculation are as follows :—

1. Following the 1st case of diphtheria in a nurse working in F.E. (boys under 16) 68 patients were inoculated, each receiving 800 units of anti-toxin. No further cases occurred.

2. On the 3.2.36 another case of diphtheria occurred in a female patient in F.F.3. Nine patients under 50 years of age were inoculated, each receiving 1,000 units of anti-toxin. No further cases occurred.

3. The third case of diphtheria occurred on the 9.2.36, an acting head nurse being affected. She had made visits to all the female wards before reporting sick. Following this all young patients were inoculated.

F.D.3.—50 patients, boys, received 1,000 units of anti-toxin each.

F.D.1.—87 patients, boys, received 1,000 units of anti-toxin each.

Det.—52 young females received 1,000 units of anti-toxin each.

F.C.1.—37 young females received 1,000 units of anti-toxin each.

No cases of clinical diphtheria developed in these wards.

4. On the 18.2.36 a patient had diphtheria in F.F.1. Forty-one contacts received 1,000 units of anti-toxin each. No other cases occurred in this ward.

5. Another case occurred in F.C.3 on the 1.3.36. Fifty-six contacts were given 1,000 units of anti-toxin each. No further cases occurred.

6. The last case of diphtheria occurred in F.G. block (workers' ward) on the 11.4.36. All contacts (73) received 1,000 units of anti-toxin each. No further cases occurred.

7. One case of diphtheria occurred on the male side in M.E. block. Two hundred and twenty-six contacts were given 1,000 units of anti-toxin each. No further cases occurred.

8. In addition a large number of young nurses offered themselves for inoculation, each receiving 1,000 units of anti-toxin. There were no cases of diphtheria in this group.

Of the nurses who failed to present themselves for inoculation 2 developed clinical diphtheria, 1 on the 17.2.36 and the other on the 3.3.36.

All diphtheria cases were transferred to fever hospitals as soon as diagnosed. The majority of cases were mild. There were no fatalities.

Other Infectious Diseases.

One case of chicken pox and 3 of erysipelas occurred on the male side. There were no cases of typhoid fever. Careful examination is, however, always made in cases of pyrexia of unknown origin so as to exclude typhoid.

The institution has also been free from scarlet fever for the first time in many years.

Occupational Therapy—Female Side.

Detached Ward.—Fifty-one patients are now attending the centre. Twenty new untrained girls were admitted and 14 were returned to other wards after full training, where they were found suitable employment. Three of these

are now helping in the juvenile occupation centre. During the year a successful attempt was made to increase the standard of handicraft work by introducing advanced designs in embroidery, rug-making and weaving. The finished articles showed general improvement in neatness and finish and were readily sold, fetching a better price.

Part of the centre is now used as a mending room where in addition suitable patients are taught how to use a knitting and modern darning machine.

Organized Games and Physical Training.—Netball was started in the summer, 4 teams being formed. One consisted chiefly of high grade girls usually working in a laundry, needle-room or general wards and the others were drawn from different grades in the occupation centre.

The 2 girls' hockey teams, started in the winter of 1935, have continued to play. There is now more co-operation between the members of the team and they are making progress in the art of passing the ball. A match was arranged, the visiting team being one composed of female patients from a mental hospital. The result was interesting, mental deficiency beating mental disorder! This is the first time that female patients have been entertained in this manner and they have much appreciated the efforts made towards their happiness. Under the supervision of Miss May two classes of physical training are taken weekly. All available and suitable girls attend. At first this type of training was looked upon with a certain amount of suspicion. It is now considered a privilege by patients who often clamour to be allowed to attend. The physical training has undoubtedly improved the carriage and general physical appearance of the majority of those who attend.

A small physical training class for younger and lower grade girls has recently been started, and is making excellent progress.

The junior occupation supervisor continues to take classes amongst the older patients in the female wards. In all, 154 patients are occupied doing useful work in this way.

Demonstrations in occupational therapy and training of mental defectives are now regularly given to probationer nurses sitting for their examination.

Occupation Centre (Boys).

During the year the premises of the occupation centre have been improved by the addition of a garden court, with flowers in beds and tubs. The court has a concrete surface to allow of its use, if possible, throughout the year.

The method of instruction at the centre is still entirely on an experimental basis, with a view to perfecting the most suitable technique in the circumstances of a large public institution. An attempt is being made to meet the emotional needs of the children and to introduce as large a variety of experience into their lives as their intellectual level will allow them to cope with. An experimental "holiday week" was given in the autumn, with a complete absence of class-room instruction, and the children appeared to obtain more benefit from this "holiday" than from several weeks of more orthodox routine.

Psychological Department.

Mental Tests applied during 1936.

1. Verbal Tests—

Stanford Revision of the Binet Simon Scale	...	...	67
Kent's Oral Tests	...	...	32
Analogies	...	...	5
Oral absurdities (McBride)	...	...	10
Burt's Oral Arithmetic	...	...	9
Burt's Oral Reasoning	...	...	9

2. Performance Tests—

Caterham Battery A	...	...	...	...	...	18
Drawing Tests (Goodenough)	...	...	...	...	...	29
Randall's Island Scale	...	...	...	...	...	51
Merrill-Palmer Scale	...	...	...	...	...	1
Gesell's Normative Scale	...	...	...	...	...	1
Koh's Block Design	...	...	...	...	...	50
Kent Shakow Formboard	...	...	...	...	...	28
Passalong Test	...	...	...	...	...	19
Porteous Maze	...	...	...	...	...	15
Kent-Taylor Dearborn Formboard	...	...	...	...	...	21
Oakly Formboard	...	...	...	...	...	12

3. Temperament and Personality Tests—

Rorsbach Test	...	...	...	...	...	19
Grip Persistence (Howell's)	...	...	...	...	...	21
Tapping (Whipple-Henley)	...	...	...	...	...	7
Tapping (Earl)	...	...	...	...	...	21
Dot counting (Rybakoff-Peters)	...	...	...	...	...	14

Research Work.—By DR. K. C. L. PADDLE, M.C., D.P.M.

Treatment of Congenital Syphilis by Orarsan.

This work, covering a period of $2\frac{1}{2}$ years, has now been completed. 29 patients have been treated and have undergone from 3 to 7 complete courses of 9 weeks each.

The conclusions arrived at are—

1. That this drug has undoubtedly a powerful Salvarsan-like effect on syphilitic subjects.

2. It has many advantages over Salvarsan and other similar preparations that have to be given intravenously, the chief of which is ease of administration.

3. In almost half of those with normal cerebro-spinal fluids, the blood W.R. had become negative at the end of treatment.

4. The blood W.R. of those with abnormal cerebro-spinal fluids proved very resistant to treatment.

5. Although the drug did not penetrate into the C.S.F. improvement took place in the majority of abnormal C.S. fluids.

6. Frequency of fits was reduced in those suffering from epilepsy as well as congenital syphilis.

7. Both mental and physical improvement occurred in the large majority of cases treated.

Dysentery.

The results of prophylactic treatment by inoculation over a period of five years have been studied and compared with a similar period before inoculation. The results are most interesting and clearly indicate the value of preventive inoculation.

Other Research.

Further work has been done on the histopathology of the C.N.S. in congenital syphilitics. It has been found that there is often a condition of "proliferative ependymitis" around the central canal of the cord in such cases.

The brains of cases dying of juvenile general paralysis are being studied by modern methods of glia staining.

Prophylaxis against respiratory infections.

A bacterial antigen is being tested on 100 children with 100 controls. So far very few cases of respiratory infection have occurred in either group and it is too early to express any opinion as to its value.

Research Work.—By Dr. C. J. C. EARL, F.R.C.P.I., D.P.M.

An investigation into the test approach to temperament and personality factors in feeble-minded patients has been continued. The results to date appear to indicate that with the exception of the Rorschach Test work of the so-called tests of temperament and character are valueless. On the other hand, the performance test approach gives important information and a prognosis of "resocializability" can be made with clinical accuracy. The battery most useful for the purpose consists of the Kent Shakow Formboard, the Kent-Taylor series of problems on the Dearborn Formboard, and Koh's Block Design Test. Through the courtesy of Dr. L. Teegarden of Ohio, U.S.A., we have been supplied with a scoring system for the Kent Shakow board scaled in terms of the percentile rating on the normal adult population; a great advantage in dealing with adult subjects.

During the summer Professor W. Peters spent some weeks in the hospital investigating certain motor reactions in defective subjects. The work forms part of a study of motor behaviour.

Research Work.—By Dr. T. B. JONES.

In collaboration with Professor Meyer of the Central Pathological Laboratory of the L.C.C. Mental Hospitals, Dr. Jones is making histological investigations of brains of able-bodied imbeciles who have died from intercurrent disease. Modern technique in staining is being used and already considerable work of a most promising kind has been done.

Publications.

1. "The Affective-Instinctive Psychology of Imbecile Children." By Dr. C. J. C. EARL, F.R.C.P.I. "*British Journal of Medical Psychology*," 1936, XV, 4, 266.

Investigation of the emotional life of imbecile children shows clearly that the clinical picture cannot be explained in terms of intellectual work. At the affective-instinctive level these subjects show both subnormality and abnormality. Subnormality is expressed firstly as a deficiency of impulse life or of *libido*, and secondly as a failure of emotional maturation. Both types of subnormality are approximately proportionate to the degree of intellectual defect. The choreo-athetoid group are a notable exception to this rule. Emotional abnormality is easily developed in the feeble and immature psyche, and its expression is coloured by the emotional and intellectual defect. Severe psychopathy and psychosis are probably sequelae of various encephalopathies in the earliest years. In addition, a large number of imbecile children show pigmentary schizoid features. The suggestion is made that the education and training of the imbecile child depends largely upon the diagnosis and understanding of his affective-instinctive life.

2. "Speech Difficulties of the Mentally Defective." By Dr. C. J. C. EARL, F.R.C.P.I. *Speech*, 1936, 2, 1, 7.

The speech difficulties of defectives are related to both physical and psychological factors. Physical factors may be deformities or maldevelopments of the apparatus of speech, the palate, the teeth, the tongue or other organs.

Psychologically the ability for speech is bound up with the ability for the registration and ecphorisation of engrams at the verbal-symbolic level; a phylogenitically recent acquirement which suffers disproportionately in the intellectually defective. Dependent on the failure of comprehension of relationships and meanings, the defective shows a lack of criticism of this reproduction of heard speech. In the emotional field the defective is further handicapped by poverty of impulse life and by immaturity.

The principal clinical findings are (1) delayed development of speech, (2) infantile speech, (3) idioglossia, and (4) imperfect speech. This last is

characteristic of the defective and may be briefly described as "sloppiness" of speech. Sibilants are aspirated, dentals slurred and labials poorly compressed, the summation of these minor flaws accounting for an amazingly poor speech production.

Therapy is directed largely on a psychological basis.

LXXI.—FROM DARENTH PARK (LONDON CO.).

Laboratory Report.—Communicated by the Medical Superintendent.

During the year 4,335 examinations were made.

Classified summary of examinations :—

Biochemical examinations :—Urines : routine chemical, 3,184; urea estimations, 4; chloride estimations, 36; bromide estimations, 32; bile salts and pigments, 9; quantitative albumen, 61; water excretion tests, 2; calculi, 1. Blood : urea clearance tests, 2; sugar tolerance curves, 3; Van den Bergh test, 1; urea estimations, 4. C.s.f. : chloride estimation, 1; sugar estimation, 1. Gastric contents : fractional test meals, 10. Faeces : occult blood, 28. Bacteriological examinations :—Urines : cultures for typhoid-dysentery group, 81; cultures for general bacteriology, 32; examinations for T.B., 7. Faeces : cultures for typhoid-dysentery group, 61; cultures for flora, 2; examinations for T.B., 3; for entamoeba, 1; for helminths, 2. Sputum : examinations for T.B., 87; cultures for T.B., 5; cultures for general bacteriology, 17. Throat and nose : cultures for K.L.B., 335; smears for K.L.B., 47; cultures for general bacteriology, 11. Eye and ear : cultures for general bacteriology, 29. Vaginal : swabs for general bacteriology, 3. Skin : cultures for fungi, 5. Blood : cultures, 2; Widal-Agglutination, 16; examinations for malarial parasites, 1. Histology : Blood : complete counts, 21; differential, 19; reticulocyte counts, 4; erythrocyte diameters, 21. Pleural and peritoneal fluids : cytological examinations, 10. Other tissues : sections prepared and examined, 134. Post-mortem examinations, 8 (53 per cent. of deaths). Specimens examined at the Central Laboratory :—Blood : Wassermann reactions, 201. C.s.f. : W.R. and Lange curves, 20.

LXXII.—FROM THE FOUNTAIN (LONDON CO.) HOSPITAL.

General Report.—By Dr. James Nicoll, Medical Superintendent.

A. *Summary of pathological examinations performed during the year :—*

Urines, 2,093; sputa, 108; pus, 9; faeces, 197; throat and nasal swabs and cultures, 1,056; hair and skin (tinea), 22; blood counts, 168; histological slides, 48; post mortems, 18 (72 per cent. of deaths).

In addition, 85 specimens of blood and 6 of cerebrospinal fluid were collected for Wassermann reactions, etc. Over 250 clinical photographs were taken and many plaster models were made.

B. *Orthopaedics.*

The Orthopaedic clinic, which was established in 1935, continues to be of great value.

The consulting surgeon visited the hospital on 11 occasions and performed 16 corrective operations.

Orthopaedic appliances were prescribed for 18 patients.

The masseuse continues to visit on three whole days a week. Fifty-six patients have received massage, remedial exercises and electrical treatment. Thirteen patients were given ultra-violet radiation. During the year there have been 2,217 attendances by patients in this department.

C. *Diphtheria.*

As a result of the immunization of the Schick positive patients and staff, where possible, the incidence of this disease has been greatly reduced and only 6 cases (all patients) have occurred during the year. There was one death

and that was of a debilitated child who was discovered to have developed laryngeal diphtheria after some days of ileo-colitis; this patient died from secondary broncho-pneumonia 8 days after transfer to the fever hospital.

In order further to reduce the incidence of diphtheria in the hospital, nasal, faucial, and, where there is otorrhoea, aural cultures are examined within the first few days of admission of all new patients and of those who have returned from leave of absence.

Of the 655 patients in residence in the hospital, 620, either as a result of natural or artificially produced immunity, are Schick negative. Permission for immunization has been refused in the case of 22 patients. The remaining 13 patients will be immunized early in the new year.

One hundred and twelve of the 133 nurses are immune to the disease. During the year 15 newly appointed nurses were found to be Schick positive reactors and 11 were immunized. Of the 21 remaining nurses, 11 refuse the Schick test and 10, known to be positive reactors, refuse immunization. Nurses with unknown or positive reactions are not employed in wards which are quarantined on account of diphtheria.

D. *Scarlet Fever.*

Only one case of this disease occurred during the year. Segregation of the Dick positive reactors in two wards is continued. As a result of the acquired natural immunity by contact, during the past few years, with cases of scarlatina, there has been a great reduction in the originally positive Dick reactors.

Of the 75 patients who were previously positive, only 12 gave positive reactions on "re-Dicking."

During the year 76 new admissions were tested and 28 were found to be positive reactors. The total number of known Dick positive patients in the hospital at the end of the year was 40, and of the nurses 13. Twenty-five new admissions and 21 newly-appointed nurses remain to be tested.

Dick positive nurses are excluded from duty in the 2 Dick positive wards.

E. *Diarrhoea.*

During the year there were 44 cases of diarrhoea among the patients of 7 wards.

In no case were pathogenic organisms found either in faecal or "direct rectal" cultures.

F. *Research.*

Dr. J. N. Jacobson has been investigating, from a radiological aspect, skeletal deformities in mental defectives. He has found anomalies of the cranium in microcephalics and hopes to describe them in a publication during the coming year.

Dr. M. N. Jackson has investigated the blood and Arneth counts on the Mongols and is continuing the investigation on other types of aments.

LXXIII.—FROM THE HORTHAM COLONY, BRISTOL.

Schick and Dick Testing.—Communicated by the Medical Superintendent.

The following tests were carried out during the year :—

Schick Tests.

				M.	F.	T.
Number tested	...	...	...	35	59	94
Number immunized	...	...	...	8	16	24

Dick Tests.

				M.	F.	T.
Number tested	...	...	...	27	40	67
Number immunized	...	...	...	16	27	43

LXXIV.—FROM THE LEAVESDEN (LONDON CO.) HOSPITAL.

Report of Pathological and Clinical Investigations.—By Dr. R. M. STEWART, F.R.C.P.Ed., D.P.M., Medical Superintendent.

A. Pathological and Biochemical.

On page 206 of Part II of the Board's 22nd Annual Report the clinical features and post-mortem findings in a case of the type of chondro-osteo-dystrophy termed Gargoylism were reported. Through the kindness of our colleagues at the Fountain Hospital, it has been possible to examine the brain of a second case of this disease, and the histological appearances in both will shortly be published.

The following are the principal conclusions.

Two cases of the form of chondro-osteo-dystrophy termed Gargoylism are here reported. In one of them a comprehensive study of the central nervous system was made, in the other a limited examination. Both cases were atypical in that enlargement of the liver and spleen was not detected during life nor found at autopsy. In both, marked enlargement of the pituitary gland was present, and, in one, microscopic examination showed that this enlargement was due to a general cellular hyperplasia. Both thyroid glands were definitely abnormal, and the histological appearances, though dissimilar, suggested diminished secretion. No evidence of lipoid storage in the reticulo-endothelial system was found. A section of the liver of the second case showed neither foam cells nor marked pathological changes. In both cases, in every part of the nervous system examined, the ganglion cells showed a striking alteration, the cytoplasm being distended by a lipoid or prelipoid substance, the Nissl granules reduced in number and crowded to one portion of the cell, the nucleus dislocated to one side, and the cell processes but little affected. These changes were much less evident in the second case. The lipoid material was extremely resistive to solvents, and was not doubly refractile. In addition to the intra-cellular lipoid, masses of lipoid substance giving different staining reactions and different behaviour to solvents were discovered lying free in the basal ganglia and in certain other situations. The substance was believed to be composed of cerebrosides.

The myelin sheaths and axis cylinders were almost intact and fibrillary glial reaction was most marked in the optic thalamus and the paraventricular portion of the hypothalamus. The mesodermal elements were relatively little affected and lipoid storage cells were not found in them.

In case 1 a unilateral hydrocephalus was present, and in both cases the cerebellum was a little small in proportion to the size of the cerebrum.

Except in a few minor details the histological findings in the nervous system were similar to those described by Tuthill in another case of this form of chondro-osteo-dystrophy; they support fully his claim that the appearances resemble in the closest degree those found in the juvenile form of amaurotic idiocy. The view is expressed that, notwithstanding the failure to find histological evidence of derangement of lipoid metabolism outside the nervous system, this condition must be accepted as a manifestation of such a pathological process and consequently belongs to the group of lipoidoses.

As eponymic designations have been accepted for the recognized principal types in this group, we would comply with common usage by suggesting the term Hurler's disease for this form of chondro-osteo-dystrophy.

B. Clinical.

During the past 12 months, Dr. R. Blake Marsh, Deputy Medical Superintendent, has applied to 130 unselected male mental defectives, 13 standardized performance tests of intelligence. All the patients had been previously graded by Burt's Revision of the Binet Simon Scale.

The task of comparing the results of each separate test with the others in order to discover the inter-correlations has not yet been completed, but it may be of some interest to present the scores obtained. These are shown in the accompanying table. In the first horizontal column are shown the total possible score for each test.

Laboratory Statistics.

Biochemistry : urine analysis, 3,663; blood sugars, ureas, etc., 108; occult blood, 25; C.s.f. examination, 39. Bacteriology : cultures (faeces, urines, bloods, etc.), 1,560; swabs, various, 95; agglutinations, widals, etc., 72; demonstrations of organisms, etc., 416; demonstrations of worms, ova, etc., 41; other specimens, 21. Haematology : blood grouping, counts, differentials, etc., 1,010. Histology : sections prepared, mounted and examined, 1,259. Museum : pathological models in wax, specimens mounted, preserved, etc., 50. Photography : photo-micrography, 30; routine photography, 148; cine photography, completely assembled with titles, etc. (in feet), 250; lantern slides, 43; special photography (brains, etc.), 116. Specimens sent to Central Laboratory, 403. Post-mortem examinations, 73.

Patient No.	Burt's Revision of Binet Simon Scale.		Porteus Maze Tests.	Healy Picture Completion Test 1.	Koh's Block Design Test.	Knox Cubes Imitation Test.	Domino Test (Drever and Collins).	Size and Weight Test (Drever and Collins).	Manikin Test.	Profile Test.	Pintner's Two Figure Test.	Healy Construction Test A.	Model Cube Construction Test.			Star Picture (Drever and Collins).	Healy Picture Test No. 1 (Drever and Collins).	Total.	Mental Age (Drever and Collins Old Scale).	Cube Construction Test (Drever and Collins New Scale).			Total.	Mental Age (Drever and Collins New Scale).
	Age at test.	I.Q.											1.	2.	3.					1.	2.	3.		
Total possible score			14	646	28	12	16	12	4	10	4	8	5	9	16	6	18			20				
1	25	8.6/12	61	6.1/2	220	4	4	4	8	4	2	8	0	3	0	3	5	47	8.1/2	0	0	0	44	7.3/4
2	35	8.6/12	61	13	—	6	3	5	4	0	1	0	0	7	0	1	3	34	7.1/4	0	4	0	31	6.1/2
3	44	10.4/12	73	—	252	4	1	0	3	0	1	0	0	—	—	2	6	20	6	—	—	20	5.1/2	
4	35	6.2/12	44	6	121	5	2	5	0	0	1	8	0	—	8	3	5	25	6.1/2	0	—	25	6	
5	42	9.4/12	66	—	254	10	2	10	2	0	1	8	3	4	—	5	6	62	9.3/4	2	1	54	8.3/4	
6	28	4.5/12	32	—	36	0	1	3	2	0	4	8	0	—	—	1	1	21	6	0	—	21	5.1/2	
7	28	7.6/12	54	9	—	6	1	10	4	7	4	8	5	6	8	5	11	79	11.1/4	4	3	81	11.1/2	
8	17	10.2/12	71	13.1/2	233	8	2	8	4	9	4	8	5	9	8	5	7	80	11.1/2	4	6	72	10.1/2	
9	19	D. & D.	—	—	—	13	4	5	4	2	4	8	0	9	0	4	14	77	11	4	6	73	10.3/4	
10	36	6.3/12	45	6.1/2	453	4	2	5	4	0	4	0	3	—	—	1	13	35	7.1/2	0	—	35	6.3/4	
11	55	8.0	57	6	5	2	1	8	1	0	1	8	5	5	0	2	0	33	7.1/4	2	2	29	6.1/4	
12	48	—	—	—	301	2	4	10	4	10	4	8	0	9	0	4	11	74	11	4	6	70	10.1/2	
13	46	5.7/12	40	5	88	2	3	5	3	0	1	0	0	—	—	2	2	17	5.1/2	0	—	17	5	
14	29	5.8/12	41	—	143	0	1	3	1	0	0	0	0	—	—	4	4	10	—	0	—	10	—	
15	20	9.8/12	69	9	—	8	5	12	4	7	4	8	5	6	8	6	17	94	13	4	3	86	12	
16	29	5.1/12	37	5	234	8	1	5	0	0	3	6	0	—	—	4	4	32	7	0	—	32	6.1/2	
17	37	5.8/12	41	—	160	0	1	3	4	0	4	8	0	3	0	4	5	33	7	0	—	30	6.1/4	
18	60	6.9/12	48	—	25	0	1	1	2	0	2	0	0	—	—	1	2	12	—	0	—	12	—	
19	34	5.7/12	40	8	178	4	2	3	2	0	1	0	0	—	—	0	6	22	6.1/4	0	—	22	5.3/4	
20	19	10.2/12	72	13	322	10	5	10	4	0	4	8	3	9	16	3	6	82	11.1/2	2	6	70	10.1/2	
21	22	D. & D.	—	8	285	18	6	8	4	2	4	8	3	7	14	5	10	93	12.3/4	2	4	82	11.1/2	

Patient No.	Age at test.	Burt's Revision of Binet Simon Scale.		Porteus Maze Tests.	Healy Picture Completion Test I.	Koh's Block Design Test.	Knox Cubes Imitation Test.	Domino Test (Drever and Collins).	Size and Weight Test (Drever and Collins).	Manikin Test.	Profile Test.	Pintner's Two Figure Test.	Healy Construction Test A.	Model Cube Construction Test.			Star Picture (Drever and Collins).	Healy Picture Test No. 1 (Drever and Collins).	Total.	Mental Age (Drever and Collins Old Scale).	Total.	Cube Construction Test (Drever and Collins New Scale).			Total.	Mental Age (Drever and Collins New Scale).
		Mental Age.	I.Q.											1.	2.	3.						1.	2.	3.		
Total possible score	...	14	646	28	12	16	12	4	10	4	8	5	9	16	6	18										
58	33	6.0	43	5	—	6	1	1	8	4	4	4	8	1	6	8	3	2	52	8.3/4	0	3	4	44	7.3/4	
59	33	9.0	64	—	—	6	4	1	10	4	8	5	7	0	6	8	6	15	83	11.3/4	4	4	71	10.1/2		
60	26	7.0	50	6.1/2	—	4	1	4	5	4	0	0	0	0	3	—	3	13	41	8	0	—	41	7.1/2		
61	28	11.4/12	81	13	—	8	1	4	8	4	8	5	6	5	2	8	2	10	67	10	4	4	59	9.1/4		
62	39	7.4/12	52	—	—	8	3	2	11	4	8	5	9	16	6	12.3/4	6	10	93	12.3/4	4	6	81	11.1/2		
63	37	7.4/12	52	—	—	2	3	4	0	2	0	0	—	—	1	—6	1	3	17	—6	0	—	17	5		
64	42	12.0	85	14	—	14	4	8	11	4	8	5	9	16	6	15.1/2	6	15	114	15.1/2	4	6	102	15.1/2		
65	43	9.0	64	7	11	2	1	1	12	2	0	0	0	—	0	6	0	0	20	6	0	—	20	5.1/2		
66	44	7.4/12	52	7	—	6	2	2	10	4	8	0	5	8	4	9.3/4	4	13	63	9.3/4	0	2	56	9		
67	21	10.4/12	76	12.1/2	—	10	4	12	12	4	7	5	9	16	6	15.1/2	6	17	114	15.1/2	4	6	102	15.1/2		
68	25	7.10/12	56	8	—	4	4	4	8	4	2	0	0	—	2	7.1/2	2	4	36	7.1/2	0	—	36	6.3/4		
69		10.2/12	72	13.1/2	383	11	4	8	12	4	6	5	9	16	5	13	5	8	95	13	4	6	83	11.3/4		
70	44	8.0	57	6	111	4	4	4	5	3	8	0	—	—	2	7.1/2	4	4	38	7.1/2	0	—	38	7		
71	37	5.8/12	41	13.1/2	103	4	2	2	5	4	0	0	—	—	2	7.1/4	2	3	35	7.1/4	0	—	35	6.3/4		
72	22	7.8/12	55	8	458	6	4	4	10	4	2	0	—	—	5	9.1/2	13	7	60	9.1/2	0	—	60	9.1/4		
73	33	7.10/12	56	7	259	4	1	4	5	4	2	0	—	—	3	7	7	31	31	7	0	—	31	6.1/2		
74	25	10.5/12	74	—	—	6	2	4	11	4	0	1	8	8	6	10.1/2	14	14	73	10.1/2	0	2	65	9.3/4		
75	26	6.6/12	47	8.1/2	—	4	4	4	8	4	0	1	7	16	6	8.1/4	4	4	46	8.1/4	0	4	38	7		
76	23	8.9/12	62	12	—	21	4	8	12	4	9	4	8	5	5	16	5	13	118	16	4	6	106	16		
77	16	10.4/12	73	—	—	8	7	8	12	4	9	4	8	5	4	13	10	10	97	13	4	6	89	12.1/2		
78	23	14.4/12	100+	16	577	24	4	16	10	4	7	5	9	16	6	16+	6	17	130	16+	4	6	118	16+		

79	25	7.10/12	56	13.1/2	584	24	5	4	11	4	10	4	8	9	5	8	6	16	114	15.1/2	4	6	4	106	16
80	25	5.8/12	41	5	513	10	3	4	10	10	4	4	12	7	8	6	14	97	13	4	6	87	12.1/4	12.1/4	
81	44	9.8/12	69	9	364	6	2	4	9	9	0	4	0	0	7	5	7	61	9.1/2	0	0	61	9.1/4	9.1/4	
82	58	9.8/12	69	—	92	8	3	4	4	4	0	4	0	0	4	1	4	48	8.1/2	0	0	44	7.3/4	7.3/4	
83	56	5.8/12	41	11.1/2	2	2	5	4	3	0	0	4	0	0	0	0	0	44	8	4	4	40	7.1/4	7.1/4	
84	37	8.3/12	59	9	569	4	6	2	4	11	2	2	8	9	1	4	6	79	11.1/2	8	4	71	10.1/2	10.1/2	
85	38	7.3/12	51	9	—	6	1	4	4	11	0	4	1	7	0	4	4	67	10	0	8	55	8.3/4	8.3/4	
86	57	7.4/12	52	—	—	2	2	0	0	5	0	0	0	—	—	—	—	10	—	0	0	10	—5	—5	
87	59	5.10/12	41	—	28	0	1	0	0	3	0	0	0	—	—	—	—	9	—	0	0	9	9	6.3/4	
88	48	7.8/12	55	9	325	4	4	2	2	5	2	4	0	0	6	4	6	40	7.3/4	0	0	36	36	6.3/4	
89	46	5.7/12	40	5	218	2	1	4	0	5	0	4	—	3	6	0	0	20	6	0	—	20	20	5.1/2	
90	59	9.6/12	68	9	91	6	2	2	4	5	2	2	0	6	2	3	2	44	8	0	0	40	40	7.1/4	
91	26	9.7/12	68	9	369	13	7	4	4	11	0	4	0	8	10	5	10	80	11.1/2	4	6	76	76	11	
92	52	5.7/12	40	6.1/2	241	4	0	2	0	5	0	4	—	0	9	0	0	30	7	0	—	30	30	6.1/4	
93	29	5.4/12	38	5	65	4	2	4	2	3	2	4	0	8	1	6	0	35	7.1/2	0	5	32	32	6.1/2	
94	42	D. & D.	—	5	—	6	2	4	4	3	0	1	10	4	3	0	3	50	8.1/2	0	0	41	41	7.1/2	
95	42	8.0	57	8	—	6	5	2	2	10	5	4	—	4	2	0	4	55	9	10.1/2	4	65	65	9.3/4	
96	31	8.0	57	10.1/2	—	10	2	2	2	6	2	3	8	10.1/2	—	4	0	73	—6	10.1/2	—	16	16	—5	
97	53	7.10/12	56	—	0	0	2	2	0	8	0	1	8	7	7	3	0	62	9.1/2	4	4	54	54	8.3/4	
98	30	8.0	57	8	245	10	3	2	4	2	0	4	8	9	10.1/2	1	3	70	10.1/2	3	4	62	62	9.1/2	
99	44	D. & D.	—	10.1/2	171	10	2	4	2	8	0	4	—	5	6	2	5	59	9.1/2	0	0	55	55	8.3/4	
100	59	D. & D.	—	15	163	8	6	2	3	5	2	4	—	—	—	4	6	43	8	10.1/2	—	43	43	7.1/2	
101	49	6.6/12	47	11	313	6	3	4	2	10	0	4	8	7	10.1/2	10	2	29	7	10.1/2	—	29	29	6.1/4	
102	60	5.11/12	43	8	155	4	4	6	4	5	0	0	0	—	—	—	5	69	10.1/2	2	4	61	61	9.1/4	
103	62	10.0	71	7.1/2	409	6	2	4	2	10	0	4	0	8	7	10.1/2	10	2	69	10.1/2	0	—	61	61	9.1/4
104	39	7.0	50	9	60	4	2	4	0	4	0	4	—	—	—	0	0	32	7	6.1/2	—	32	32	6.1/2	
105	33	7.10/12	56	—	242	6	3	0	0	8	0	4	—	—	—	1	2	27	6.1/2	—	—	27	27	6	
106	41	6.6/12	47	5.1/2	257	2	2	6	2	5	2	1	—	—	—	3	4	26	6.1/2	—	—	26	26	6	
107	32	8.0	57	9.1/2	—	8	6	4	4	11	2	4	0	7	13	1	8	75	11	6.1/2	—	72	72	10.1/2	
108	42	6.8/12	48	8	4	6	4	3	0	11	0	3	12	2	0	2	0	58	9.1/2	7	6.1/2	49	49	8.1/4	
109	33	5.8/12	41	4	368	4	1	2	2	5	2	3	—	—	—	6	0	31	7	6.1/2	—	31	31	6.1/2	
110	46	5.9/12	41	—	77	6	2	4	2	5	0	4	0	2	2	0	2	26	6.1/2	1	0	23	23	5.3/4	
111	49	7.0	50	9	—	2	3	0	0	5	0	0	—	—	—	0	0	14	—	—	—	14	14	—5	
112	57	5.8/12	41	7.1/2	35	2	3	4	2	5	0	4	—	—	—	0	—	17	—6	8.1/2	—	17	17	5	
113	32	7.8/12	55	8.1/2	355	4	3	4	0	8	0	4	—	—	—	0	—	49	7	8.1/2	—	48	48	8	
114	41	6.9/12	48	8	147	8	2	0	2	5	1	0	0	4	1	5	4	32	7	0	0	28	28	6	

D. & D. = Deaf and Dumb.

Patient No.	Age at test.	Burt's Revision of Binet Simon Scale.		Porteus Maze Tests.	Healy Picture Completion Test I.	Koh's Block Design Test.	Knox Cubes Imitation Test.	Domino Test (Drever and Collins).	Size and Weight Test (Drever and Collins).	Manikin Test.	Profile Test.	Pintner's Two Figure Test.	Healy Construction Test A.	Model Cube Construction Test.			Star Picture (Drever and Collins).	Healy Picture Test No. I (Drever and Collins).	Total.	Mental Age (Drever and Collins Old Scale).	Cube Construction Test (Drever and Collins New Scale).			Total.	Mental Age (Drever and Collins New Scale).
		Mental Age.	I.Q.											1.	2.	3.					1.	2.	3.		
Total	1 possible score	...		14	646	28	12	16	12	4	10	4	8	5	9	16	6	18			20				
115	38	7.4/12	52	8	155	4	2	2	10	4	5	3	0	0	—	—	3	4	37	7.1/2	0	—	—	37	7
116	31	5.10/12	42	7.1/2	35	2	1	1	6	4	0	4	8	0	—	—	1	1	37	7.1/2	0	—	—	37	7
117	36	8.0	57	—	187	8	2	0	5	3	2	3	8	0	—	—	2	5	40	7.3/4	0	—	—	40	7.1/4
118	46	7.1/12	51	5	42	2	4	1	5	2	0	4	0	0	—	—	0	1	19	6	0	—	—	19	5.1/2
119	38	9.4/12	66	—	187	6	4	12	8	2	0	4	8	5	10	—	4	5	85	12	4	4	5	76	11
120	30	8.9/12	62	9	169	6	2	1	8	2	0	4	8	0	—	—	2	3	36	7.1/2	0	—	—	36	6.3/4
121	35	6.9/12	48	—	29	4	1	1	3	4	0	4	8	0	—	—	2	0	26	6.1/2	0	—	—	26	6
122	33	5.6/12	40	12	89	4	2	1	3	3	0	4	0	0	—	—	1	2	21	6	0	—	—	21	5.1/2
123	45	12.6/12	90	—	578	20	5	8	10	4	2	4	8	0	9	16	5	13	104	14	0	0	8	93	13
124	45	7.8/12	55	—	103	4	2	3	5	0	0	4	8	5	0	—	1	2	34	7.1/4	4	0	6	33	6.1/2
125	23	11.8/12	86	11.1/2	584	8	3	4	11	4	7	4	8	5	9	12	4	16	105	14	4	4	6	95	13.1/2
126	35	7.2/12	51	—	185	4	3	2	10	4	2	4	8	5	7	8	3	5	65	10	4	4	4	57	9
127	33	7.10/12	56	—	196	4	3	2	8	4	0	3	8	0	0	—	2	4	38	7.1/2	0	—	—	38	7
128	25	5.3/12	38	4	156	2	1	1	5	4	0	4	8	0	—	—	4	4	33	7.1/4	0	—	—	33	6.1/2
129	44	6.6/12	47	—	0	6	3	1	3	2	0	1	0	0	—	—	1	0	17	5.1/2	0	—	—	17	5
130	37	6.9/12	48	5	154	6	1	2	5	4	2	3	8	0	—	—	4	3	38	7.1/2	0	—	—	38	7

LXXV.—FROM THE ROYAL ALBERT INSTITUTION, LANCASTER.

Epileptic Patients treated with Prominal.—By Dr. C. J. HENDERSON, Medical Superintendent.

Thirteen epileptic patients, who had previously been given bromide, luminal, etc. were, from April 1st, 1936, to March 31st, 1937, given nothing else but Prominal.

Number of fits of the 13 patients when treated with bromide, etc.

April 1st, 1935–March 31st, 1936—2,128.

Number of fits of the same 13 patients, Prominal only.

April 1st, 1936–March 31st, 1937—696.

The three best results were :—

1935–36 (a) 581 fits.	1936–37 (a) 107 fits.
„ „ (b) 122 fits.	„ „ (b) 2 fits.
„ „ (c) 263 fits.	„ „ (c) 42 fits.

One patient had only 2 less fits, and 1 had the same number, under Prominal. The general health of the patients has been satisfactory, and in some cases, there has been an improvement in the mental condition.

LXXVI.—FROM THE ROYAL EASTERN COUNTIES INSTITUTION, COLCHESTER.

General Report.—By Dr. F. DOUGLAS TURNER, Medical Superintendent.

A.—Schick Tests.

Two hundred and seven new admissions were Schick Tested. Consent is asked for beforehand, from the parents. Ninety-nine proved to be positive, and were immunized.

Since 1926, when the practice of Schick Testing patients and immunizing those who give a positive reaction, was adopted, there have been no cases of diphtheria.

B.—Intelligence Tests were used as follows :—

						Patients.
Binet-Simon (Stanford Revision)...	...	...	...	...	...	394
Porteus Maze Test	...	...	...	...	...	284
Healy Pictorial Completion Test No. 1	...	...	...	...	...	160
„ „ „ „ No. 2	...	...	...	...	...	10
Koh's Block Design Test (Grace Arthur marking)	...	...	...	...	...	70
Burt's Reasoning Tests (Short Series)	...	...	...	...	...	16
At the present time the Cattell's Passalong is being tried out.						

C.—Dysentery.

Through the kindness of Dr. Masefield and Dr. Sinclair of the Brentwood Mental Hospital, 30 cases who had had clinical Dysentery at some period since admission, but who were not then ill, were examined by Dr. Sinclair's method of rectal swabs. One patient was found to be positive to the Para-Dysentery bacillus nearest to the Flexner group.

D.—Epilepsy.

“Luminal” has been used in the treatment of epileptics for many years. A careful control of the results, compared with the same drug bought under its chemical name, seems to prove that both are equally efficacious. During 1936 many experiments have been made with Prominal. In our experience, it is most useful as an addition to the treatment, when the optimum dose of Luminal has been reached. The improvement has not been solely in the reduction of fits, but in the lessening of the irritability so typical of many epileptic patients. It seems especially well suited to juvenile epileptics. It

seems better when used for this purpose, to give Prominal in the morning and Luminal in the evening. It is sometimes a help to add a bromide or bromide and belladonna mixture.

Prominal is also useful for the high grade excitable unstable type of female defective. A dose of $1\frac{1}{2}$ grains twice daily seems to double the length of the period between the "brain storms." It makes the patient better able to mix with fellow patients. It is sometimes useful in the post encephalitic cases.

E.—*Report from Research Department.*

Head of Department,
LIONEL PENROSE, M.A., M.D.

Social Investigator,
Miss NEWLYN.
Laboratory Asst.,
Mr. GREEN.

Attached to Research Department,
T. A. MUNRO, M.B., CH.B.,
Beit Memorial Fellowship.
S. NEVIN, M.R.C.P.,
Pinsent-Darwin Studentship.
J. C. RAVEN, M.Sc.,
Medical Research Council.

The Research Department was started in 1931 to investigate the causes of mental deficiency and it was recommended, at that time, that the first duty should be the *Clinical Classification of all patients and the study of their Family Histories*. Dr. Penrose and Miss Newlyn have been working on these lines for 6 years and they have collected a large amount of material, which has now been tabulated and analysed with a view to publication. The number of cases examined clinically and genetically was 1,280. Some idea of the type of results expected can be obtained from the following figures. Out of 2,466 parents, whose mental ability could be ascertained, 203, or 8·3 per cent., were judged to be mentally defective. For brothers and sisters of patients the corresponding figures were 439 defectives out of 4,616, or 8·8 per cent. If allowance is made for those individuals whose mentality could not be assessed, the percentages of defectives, among parents and sibs respectively, must be taken to be within the following limits, 7·8 per cent. to 11·8 per cent. and 6·5 per cent. to 11·5 per cent.

Dr. S. Nevin, who holds the Pinsent-Darwin Research Studentship, has continued his examinations of cases of *mental deficiency associated with paralysis*: he hopes soon to have a series of about 100 cases for analysis.

The preliminary investigation into the *biochemical nature of Phenylketonuria*, which was carried out with the assistance of Dr. Quastel of Cardiff City Mental Hospital, has now been completed. One of the interesting results of this enquiry was the discovery that phenylketonuria could be induced in normal people after ingestion of certain organic compounds. During the last year Dr. T. A. Munro, who has been working for the Medical Research Council on the relationship of consanguinity to mental disorder, has kept in touch with the Department. He has now obtained a Beit Fellowship and proposes to continue his work and to give special attention to the study of phenylketonuria, using the Department as his centre.

On the psychological side, Mr. Raven has continued his preparation of a new series of *perceptual intelligence tests*. He is proceeding with work which has in view the standardization of the series for general use. A special grant from the Medical Research Council has been obtained for this work and Mr. Raven has also obtained the assistance of Miss M. Davidson.

The following papers, dealing with special aspects of the research work, have been published since the last report was made.

1. "A Survey of the Patients in a large Mental Hospital." By A. G. DUNCAN, L. S. PENROSE and R. C. TURNBULL. (*Journal of Neurology and Psychopathology*, XVI, lxiii, 225, 1936.)

This paper is an account of a survey in which special attention was paid to the incidence of mental deficiency among patients certified under the Lunacy Acts. In the Annual Report of the Board of Control for 1933 it was

stated that at least 12·2 per cent. of such patients were mentally defective but not insane. We found, in the course of the work, that many patients were both insane and mentally defective. The total incidence of defect was found to be 17·8 per cent. and different types of psychosis showed different degrees of association with mental deficiency.

The way in which the entering population became modified in the course of years was studied in respect of the different psychoses and mental grades.

Physical measurements and stigmata in the different groups were investigated, and it was demonstrated that physical abnormalities were more closely associated with low mental grade than with any special type of psychosis, if due allowance for intelligence of the groups was made. Some data bearing on the familial incidence of mental disorder were also analysed.

2. "Autosomal Mutation and Modification in Man with Special Reference to Mental Defect." By L. S. PENROSE. (*Annals of Eugenics*, VII, 1, 1936.)

In this paper the conditions under which equilibrium can exist when a rare autosomal dominant mutant gene is subject to modification were discussed. Environmental modification and genetic modification due to allelomorphic or independent genes were separately treated.

Special attention was devoted to cases of epiloia, a disease which causes mental deficiency and is subject to modification: the mutation rate of this gene was estimated. A much higher proportion of sporadic than of hereditary cases of epiloia are idiots: this peculiarity is common to other types of mental defect. It was shown that the uneven distribution of modifying genes would explain this peculiarity.

The natural history of diseases giving rise to mental impairment was discussed with reference to Fisher's Theory of the Evolution of Dominance.

3. "A New Series of Perceptual Tests: Preliminary Communication." By L. S. PENROSE and J. C. RAVEN. (*British Journal of Medical Psychology* XVI, 2, 1936.)

In this paper a description was given of an attempt to construct non-verbal tests in accordance with psychological principles. The results provide information concerning the mental processes of normal children or adults, and of mentally defective individuals. By further adaptations the same tests could be used for blind, deaf or otherwise physically defective subjects.

The elements in almost every test can be rearranged by permutation so that the material has experimental value for studying reliability and the influence of practice. The series itself regulates training. It can be used for purposes of retesting at comparatively short intervals.

4. "A Survey of Mental Ability in A Rural Community." By M. V. MATTHEWS, D. A. NEWLYN and L. S. PENROSE. (*Sociological Review*, XXIX, 1, 1937.)

The material which formed the nucleus of this paper consisted of the ascertainment of the intelligence of every child of school age in a small rural area. The mean intelligence of the community, gauged by Binet Test results, was lower than that previously found for urban populations.

The degree of interrelationship, by consanguinity or by marriage, was ascertained for all the children: two-thirds of them belonged to a group of the population which was interrelated by marriage. The children of this clan were just as intelligent as those outside it. Brothers, sisters, first cousins, and other blood relations among the children were significantly more alike on their test scores than were the unrelated children.

The effects on test scores of paternal occupation, illegitimacy, and parental consanguinity were investigated also. A simultaneous survey of the incidence of mental defect and mental disorder in the population was carried out: these disabilities were found with greater frequency in the interrelated group than in the rest of the population.

5. "Congenital Syphilis in a Monoovular Twin." By L. S. PENROSE. (*Lancet*, February 6th, 1937, p. 322.)

A case of congenital syphilis in an idiot is described here : a feeble-minded twin sister showed no signs of the disease. It was ascertained that the twins were probably monoovular. No explanation of this unusual phenomenon is attempted.

LXXVII.—FROM STOKE PARK COLONY, STAPLETON, BRISTOL.

General Report.—By Dr. R. J. A. BERRY, F.R.C.S., Director of Medical Services. (On behalf of the medical, research and consultant staffs.)

During the past 12 months continued progress has been made in the further accumulation of data and material for the cerebral and other researches indicated in the last report. The collection of brains available for naked eye and microscopic research now number 155—96 defective and 59 normal.

Under the auspices of the Burden Mental Research Trust some 3,500 normal schoolchildren have been examined and group-tested, and 1,500 of these have been further submitted to the Binet mental tests. Social factors, size of family, anthropometric measurements and other details are being carefully studied in at least so far as they are believed to have any relationship to brain and intelligence. Of these investigations, one on intelligence and family size, has been completed and an account will be ready for publication very shortly. As regards the Institution's contribution to the work of the Trust, 895 certified defectives have up to date been specially studied by the medical and consultant staffs, and these observations afford the contrast and check to similar ones made on a normal school population.

Special Report.—By Dr. R. M. BATES, F.R.C.S., D.P.M.

In the clinical laboratory at Stoke Park Colony the following examinations were carried out during 1936 :—

Urines, 2,182; sputa, 546; throat swabs and cultures, 115; nasal swabs and cultures, 10; pus films, 18; c.s.f., 8.

The following examinations were carried out by Dr. Taylor in the Pathological Department of Bristol General Hospital :—

Blood Wassermanns, 182; c.s.f., 2; bacteriology of faeces, 15; throat swabs and cultures, 3.

Scarlet Fever.—The value of anti-scarlatinal serum as a prophylactic during epidemics of scarlatina is now recognized. The usual method is to Dick test contacts and passively immunize the positive reactors. In dealing with large numbers of small children, however, time may be lost before all can be tested, and the incubation time is often so short that positive reactors may develop the disease before they can be protected. For this reason when scarlatina broke out in the children's nursery in June, 1936, all contacts were given at once 1 c.c. of serum intra-muscularly. This small dose appeared to give sufficient protection, as none of these children developed the disease. Cases of scarlatina occurred later among the schoolchildren in another block and the same procedure was adopted, with the same result. In all, 15 cases of scarlatina were notified from 5 blocks, and 346 contacts were given 1 c.c. of serum. None of the contacts developed scarlatina.

Complications were common among the patients who developed scarlatina, and 2 died, one from acute nephritis and the other from endocarditis, in spite of treatment by serum. It would appear that a very small dose of serum given during the incubation period is of more value than a large one once the disease is established.

Nutrition.—It is generally accepted that the majority of mental defectives are smaller in stature and lighter in weight than normal persons of the same age. Quetelet's nutritional index has been determined for all new admissions

to Stoke Park Colony during 1936, and from the records for all admissions during the previous 5 years. The same index has also been obtained for the whole population of the colony in September, 1936. From these figures standards for mental defectives in each year group have been calculated.

Publications.

R. J. A. Berry. "Brain Size and Mentality." *British Medical Journal*, July 11th, 1936, Vol. II, p. 62.

R. J. A. Berry. "What to do with the Mental Defective in Private Practice." *Medical Press and Circular*, November 18th, 1936, Vol. exciii, No. 5089. (Contributed at special request of the editor.)

R. M. Bates. "Non-spirochaetal Infectious Jaundice." *British Medical Journal*, March 14th, 1936, Vol. I, p. 521.

R. M. Bates. "The Treatment of Actinomycosis." *Medical Press and Circular*, December 2nd, 1936, Vol. exciii, No. 5091.

R. M. Norman. "Bilateral Atrophic Lobar Sclerosis following Thrombosis of the Superior Longitudinal Sinus." *Journal of Neurology and Psychopathology*, 1936, xvii, lxvi, 135.

APPENDIX A.

ENTRIES BY COMMISSIONERS AT COUNTY AND BOROUGH
MENTAL HOSPITALS.

BEDS, HERTS & HUNTS (THREE COUNTIES) MENTAL HOSPITAL.

October 7th, 1936.

During the past year the modernisation of this hospital has been the main pre-occupation of the Visiting Committee and the Medical Superintendent, Dr. McDiarmid. We were glad to have had an opportunity yesterday of talking over plans with Mr. Squires, the Chairman of the Committee. The task is a big one but when completed the Hospital should be well equipped to provide the most modern treatment of mental disorders.

The new nurses' home, now fast approaching completion, will provide accommodation for 97 nurses. It is a pleasing building structurally and appears well designed to afford the nursing staff really comfortable quarters. The Home should be ready for occupation in February or March of next year. It is hoped to utilize the old nurses' home as a villa for the more chronic type of female patient and this will do something to overcome the very serious overcrowding in the female side, which at present amounts at night to 28, and by day to 150.

Plans for the erection of the much needed Admission Hospital and Convalescent Villas are well under way and we hope that the buildings will be started early next year.

The ideas of the Committee for the reconditioning and replanning of the main part of the hospital are not yet ripe for being put into execution, but a comprehensive scheme is under consideration. This will include the introduction of central heating and the modernization of each of the hospital wards. It is hoped to make each ward as self-contained as possible; to provide up-to-date sanitary spurs, ward kitchens, clinical rooms, store rooms, and cloak rooms. Rooms at present used by nurses will be vacated on the opening of the Nurses' Home and will be available for these purposes.

Since the plans to which we have referred are being energetically pressed forward, it would be unfair to devote time in this report to comment upon the manifold needs of the various wards. It is obvious that the Committee are doing everything in their power to overcome their many defects. We have suggested to Dr. McDiarmid that he might find it useful to visit another mental hospital, whose name we have given him, where a big scheme of ward reconditioning has recently been completed and where the wards have been most attractively redecorated.

Before leaving the subject of modernization we would stress the importance of the provision of hygienic storage space for food. The present underground butcher's shop and bread room leave much to be desired. There is also the difficult problem of the present kitchen, which is on the first floor, was formerly a chapel, and is in our view quite unsuitable for its purpose.

The epileptic dormitories on both sides of the hospital, which were mentioned in the last report are in course of reconstruction. New sanitary annexes are being added and the large dormitories are in each case being divided into four. There is no doubt that these alterations will be of much advantage.

Another improvement during the past 10 months has been the building of a new mattress shop and installation of a new carding machine. During the same period nearly 600 new mattresses have been purchased and some 300 new and modern hospital beds acquired. We hope that the policy of replacing obsolete bedsteads will be continued until all have disappeared,

In the laundry an excellent steam jet for the cleansing of foul linen bins has been installed.

Since the beginning of 1936, 31·1 per cent. of new admissions have been on a voluntary basis. This figure may be considered most satisfactory. Temporary admissions have numbered 9 or 4·7 per cent., as contrasted with 2 for the whole of 1935.

There were to-day 1,052 patients in residence, 452 men and 600 women, of these 41 were voluntary and 7 were temporary patients. At the present time 4 men and 3 women are out on leave or on trial and this gives a total on the statutory books of 1,059.

Sixty-four patients, 37 men (25 in the service or ex-service class) and 27 women rank as private patients.

The weekly maintenance charge for rate-aided patients is 25s. 8d. and for private patients from 31s. 6d. to 42s. The average weekly maintenance cost is 24s. 9d.

During our tour of the wards we found the patients quiet and well-behaved and singularly free from complaints. We attribute this in large measure to the excellent organisation of occupation therapy. Not only do some 90 women and 40 men work at occupation centres, but a large amount of similar work to that done at the centres is carried on in the wards. Both doctors and nursing staffs told us how much more contented the patients were since occupations were started on a large scale some 18 months to 2 years ago. The physical culture classes which form a preliminary step in the re-education of the dementia præcox types continue to do valuable work.

Although the present wards are nearly all in need of redecoration and many are dark and gloomy, every effort is made to brighten them with flowers and plants. We have seldom seen so good a supply. It has been found possible to place flower vases on the tables of the most refractory wards.

The supply of books and papers in each day room is good and the central library is well stocked with books but the need for the enlargement of this unit is acute, the shelf space being entirely inadequate for the number of books.

In the reconditioning of the wards, we hope it will be possible to provide lavatory basins with running hot and cold water in all dormitories where patients are nursed in bed. We would also like to see more comfortable furniture introduced into some of the day rooms occupied by the chronic but well-behaved worker type of patient.

We would like to see a new supply of bed jackets provided for the male infirmary. The old ones have worn out and there are none in use at present.

We noticed that the lifts from the butchers shop and the bake house were in need of some protection against accident.

The staff of nurses consists of 9 charge nurses of each sex and a similar number of 2nd charges, 59 male and 64 female ordinary nurses and 11 male and 11 female nurses on night duty.

Forty-nine men and nineteen women are certificated or registered as mental nurses and nine men and eight women have passed the preliminary examination.

The mortality rate for 1935 was 9·9 per cent. Since the visit of our colleagues on the 11th December last 30 male and 49 female patients have died, a total of 79. Fifty post mortem examinations were made. In considering these statistics showing the causes of death during this period, we notice that there have been 27 fatal cases of pneumonia. The majority of these patients were of advanced age, but we feel that the chilliness of the wards and passages has been a contributory factor in the causation of respiratory diseases and that when central heating is installed we may look for a reduction in the incidence of diseases of this nature.

Compared with the returns for 1934, there has been a marked reduction in the number of deaths attributable to tuberculosis. At the present time one male and nine females are reported to be suffering from this disease,

and there have been 3 fatal cases. Whilst considering this matter we should like to call attention to the unusually large number of spittoons in the wards. We are aware that they are only in use on the male side, where, at the present time, the incidence of tuberculosis is low; spitting is, however, admittedly a dangerous and objectionable habit and we believe that spittoons could be abolished altogether.

Two inquests have been held. A female patient died from pneumonia following a fracture due to an accidental fall and the other case was that of a male patient who strangled himself while out on parole. He had shown no previous indications of being suicidal and no blame was attributed to any of the staff.

There have been 9 cases of injuries involving fracture of bones, 6 due to accidental falls and 3 to violence by other patients.

There has been a satisfactory reduction in the number of cases of epidemic disease. Four cases of enteric fever were notified on the female side. This outbreak was considered to be due to one patient of defective habits who was found to be a carrier. The four patients in question are now isolated.

There have been no fresh cases of dysentery. A satisfactory diet is generally recognized as being one of the most important factors in the prevention of this disease, and we find that the diet here is not only well varied but that fresh vegetables are served practically every day. An additional prophylactic measure for this and other diseases has been made in the provision of a plant for the pasteurisation of milk.

During our tour of the wards we found 10 men and 33 women in bed. On investigating these cases we noticed there was no case in bed for mental reasons on the male side and only 5, all in the admission ward on the female side. This is remarkable and there can be no doubt that the attention paid to the occupational activities of the patients has been responsible for such a satisfactory state of affairs.

Out-patients clinics are held at Hitchin, Huntingdon and Luton and one at Bedford is shortly to be opened. The call on the medical officers' time is considerable, but we venture to point out the importance of holding a session at each clinic at least weekly.

We were very interested to hear that the Medical Superintendent visits some of the public assistance institutions and, in consultation with the medical officers concerned, decides which patients should be admitted to the mental hospital for treatment. This collaboration has proved most beneficial and we hope it will be found possible to include all institutions in the area served by the hospital where patients are received for mental observation.

Since the beginning of the year a staff of consultant physicians and surgeons has been appointed and their co-operation with the resident medical staff has proved of great value.

BERKSHIRE MENTAL HOSPITAL.

July 16th, 1936.

At our visit to the hospital to-day, there were in residence 859 patients, 358 men and 501 women. Of these 7 men and 8 women are voluntary patients, and there is 1 female temporary patient.

During 1935 there were—

				Voluntary.		Temporary.	Certified.	
				M.	F.	M.	M.	F.
Direct admissions	...	...	...	6	9	2	69	68
Admissions on transfer	...	...	...	—	—	—	7	4
Discharged or departed...	...	...	...	5	6	1	38	34
Died	...	...	...	—	2	—	31	43

The proportion of voluntary and temporary patients remains low, and it is difficult to avoid the conclusion that medical practitioners and relieving

officers in the county are not making nearly as much use of the provisions of the Mental Treatment Act, 1930, as they properly might. During our tour of the hospital we saw, we believe, all the patients in residence, and we had conversation with all who wished to speak to us. Two patients had private interviews.

The absence of complaints, except for a few on the score of detention, was conspicuous, and we were much pleased at the general atmosphere of contentment in the wards, and by the abundant evidence of the good relations which exist between the patients and the medical and nursing staffs.

Wards and dayrooms were without exception particularly well kept and were in excellent order, and in the dayrooms there was an abundant supply of flowers, tastefully arranged. In this connection we were glad to be told that in the summer evenings, the female patients who occupy the open wards are allowed to cut the flowers required for the hospital, and distribute them to the various wards. There are 4 open wards on the male side, and 5 on the female, while 19 men and 10 women enjoy parole beyond the estate, and 56 men and 105 women have parole within the grounds.

A large number of the patients are employed in and about the hospital, *e.g.*, as many as 40 female patients work in the laundry, 20 in the kitchen, and from 60 to 70 in the very large sewing room, while many of the men find occupation on the farm and in the beautiful grounds. At the same time much good occupation work is done on both male and female sides, though there is scope for extension of this form of activity. Such articles as rugs, coathangers, fretwork, etc., are made in the wards, and many of them are of good design and finish. In the sewing room, such of the female patients as are able are allowed to make their own frocks, a privilege which we are quite sure is very much appreciated. The patients' diet is varied and generous, and a particularly important and valuable feature is the ample supply of green vegetables and fresh fruit grown on the estate. We understand that almost all the jams consumed by the patients are made on the premises from home-grown fruit.

Not all the wards as yet have wireless sets, but we were informed by Dr. Read that all wards will be equipped with sets in due course: apart from this, the dayrooms are well supplied with recreational material, and out of doors such games as cricket are encouraged, and are much enjoyed by the male patients.

In the Recreation Hall it has not yet been found possible to instal talking-picture apparatus owing to difficulties with regard to seating, but we much hope that in the near future these difficulties may be overcome, as the provision of regular entertainment of this kind means much to the patients.

We were pleased to see that in most of the wards bedside lockers are in use, as we know how greatly patients appreciate being able to place their private possessions somewhere where they feel they will be safe, and a feature so common in mental hospitals namely, the spectacle of female patients walking in the ward gardens with a bulky bag containing all their small belongings, is here conspicuous by its absence.

The laundry and kitchens are generally in good order, but we thought that some better arrangement might be devised for storing meat. The hospital is not equipped with a refrigerator and the meat room to-day was full of flies. A refrigerator is an expensive though very desirable article of hospital equipment, but gauze doors and windows cost little and are effective in keeping out flies, and we hope that it may be found possible to provide them.

The new Villa, with accommodation for 100 female patients, was opened last week and there are at present 48 women in residence there, all of them of the well-behaved chronic type. With the occupation of this very pleasant villa, in addition to the accommodation existing in the old villa and the bungalow, it would seem feasible to attempt a more systematic classification of the female patients.

The death-rate for the year 1935 was 8·4 per cent. (M 8·7 per cent., F 8·2 per cent.). Since the last visit, 12 months ago, there have been 76 deaths (M. 35, F. 41), followed in 34 cases by post-mortem examinations. The chief causes of death were organic brain disease (26), heart disease (17), senile decay (9) and bronchitis (8).

The general health of the patients has been extremely good. There have been no cases of epidemic or zymotic disease. At present 5 patients suffer from pulmonary tuberculosis—2 in active form and receiving open-air Verandah treatment.

At the time of our visit there were in bed 103 patients (M. 30, F. 73), *i.e.*, nearly 12 per cent. of the total number in residence. The vast majority of these are bed-ridden on account of senile debility, and all of them appeared to be in receipt of good nursing attention.

There have been two serious but not fatal accidents, both fractures of the humerus: one was due to an accidental fall and the other to a sudden muscular wrench in a patient saving himself from falling.

The present nursing staff consists of 19 charge nurses (M. 8, F. 11), 86 ordinary nurses (M. 43, F. 43), and 17 night nurses (M. 8, F. 9). Of these, 47 per cent. of the men and 41 per cent. of the women hold their certificate, while 20 per cent. of the men and nearly 8 per cent. of the women have passed the preliminary examination.

Dr. Read, the Medical Superintendent, and Dr. Holder, the Deputy Medical Superintendent, accompanied us throughout our visit and gave us every assistance, and to them we should like to express our thanks.

BRECON, RADNOR AND MONTGOMERY (MID-WALES COUNTIES) MENTAL HOSPITAL.

May 8th, 1936.

We commenced our visit to this pleasantly situated little hospital yesterday afternoon and completed it this morning. No visitor to it can fail to be struck by the friendly atmosphere prevailing and the good relationship which obviously exists between the patients and the medical and nursing staff.

No doubt, the amount of freedom from restriction which it is found possible to allow to patients of both sexes conduces to their contentment, as many as four wards on the male side and five on the female side being open to the ward gardens. Good use is made of parole, 41 patients (including 18 women), or just under ten per cent. of the resident population, enjoying this privilege beyond the estate while 119 patients, or approximately 27 per cent. of the total resident, enjoy parole within the estate.

Yesterday there were resident in the hospital 446 patients, in the proportion of 196 men to 250 women. Three of the above total are temporary patients and there is one voluntary patient. Thirty-one patients are shown in the private class, of whom 13 are service or ex-service patients.

During 1935 direct admissions numbered 47. Included in this number were 4 voluntary and 4 temporary patients. The figure for voluntary admissions, giving a percentage of 8·5 in relation to the total direct admissions, is low in comparison with the corresponding average for all mental hospitals in England and Wales and leads us to doubt whether the provisions of Section 1 of the Mental Treatment Act, 1930, are yet fully appreciated by the medical practitioners and relieving officers of the district.

Upon the figures submitted to us it appears that, while there are vacancies for 3 men and 10 women by night, the day space is overcrowded to the extent of 19 male and 12 female patients.

We endeavoured to give all the patients an opportunity of speaking to us and received no complaints as to their treatment. Not a few spoke with gratitude of the kindness and consideration which they received. They were tidily dressed and we were pleased to find that the undergarments for the

younger women had been modernized in accordance with the suggestions made by our colleagues last year. No difficulty appears to be experienced here in getting the male patients to wear night shirts.

The dayrooms and dormitories were well kept and bright with plants and flowers. There appeared also to be a good supply of papers, periodicals and books in the wards, all readily available to the patients. Billiards tables are present in two of the male wards. We were a little surprised to find that no patients sit up after 8 p.m.

An interesting feature here is the use of wall paper for decorative purposes which, though perhaps making the wards look smaller, gives them a comfortable and cosy appearance. During our tour of the dormitories we wondered whether it might not be possible to do without the night commodes in those where patients not requiring observation sleep. In many hospitals it is found possible to leave the sanitary annexe adjacent to such dormitories open.

The ward gardens on the male side are well kept, as also are those belonging to the female admission and convalescent wards which to-day were looking gay with flowers. The remainder of the ward gardens on the women's side do not lend themselves so easily to bedding out but we noted that a tennis court had recently been laid out in one of them. There is a bowling green and clock-golf course in one of the men's gardens.

Occupational treatment has made good progress here. On the male side there is an occupation room accommodating from 15 to 20 patients, while on the women's side, Ward 4 is used as a centre. In addition a good deal of handwork is carried on in the wards. The occupations provided are well varied and we were glad to see that the more chronic and introverted type of patient is catered for.

The library has recently been installed in a room leading out of the male occupation centre. A card index system has been established.

The dietary is well arranged on a four weekly basis, the meat being home killed and the milk provided by the hospital herd. The kitchen is well equipped and entirely staffed by men, thus employing eight patients. A new cold storage chamber is at present being installed.

The number of patients attending Divine service is large, no less than 49 per cent. attending Church of England services and 197, or over 44 per cent. some other form of service than Church of England or Roman Catholic. About 58 per cent. on an average take part in weekly entertainments, which include dances and sound-films.

The present nursing staff consists of 33 male and 36 female nurses, of whom 4 and 5 respectively are detailed for night duty. No women nurses are employed on the male side. Forty-four per cent. of the men and 17 per cent. of the women are in possession of the final certificate of the Royal Medico-Psychological Association and 7 men and 10 women have passed the preliminary examination.

We paid a visit to the farm and found everything in good order. Every care is taken to ensure a clean supply of milk. A new pig house for isolation purposes has recently been erected.

The death rate for the year ending December, 1935, was 8.1 per cent. (males 8.5, females 7.8). Since the last visit there have been 28 deaths, followed in 15 cases by post mortem examination. The chief causes of death were senile decay (7), pneumonia (5), heart disease (3).

The general health of the patients has been good. There have been no cases of influenza, enteric fever or dysentery. At the time of our visit there were 15 men and 31 women in bed, or approximately 10 per cent. of the total in residence. About half of them were in bed for old age and debility and one quarter on account of mental reasons. At present there are 4 men and 3 women suffering from tuberculosis in active form and undergoing open-air treatment.

During the period under review there have been two major casualties—both in women patients and both simple fractures due to accidental falls.

We discussed with Dr. Drummond the boarding-out system inaugurated a year or two ago in conjunction with the Monmouthshire County and Swansea County Borough Mental Hospitals. Four women and two men are at present boarded out from here and appear to be satisfactorily placed. So far no patient boarded out from this hospital under these arrangements has returned to the hospital. The services of the Social Worker employed in connection with this system by the hospitals jointly are a valuable asset.

Dr. Drummond is assisted by Dr. C. H. Bentley who commenced his duties early this year.

We have been well satisfied with the condition of this Hospital generally. The patients' records are well kept.

BUCKINGHAMSHIRE MENTAL HOSPITAL.

February 7th, 1936.

The period which has elapsed since the visit of our colleagues in June last has been one of unceasing activity with regard to the modernization of administration and treatment at this hospital. We congratulate the Committee, Dr. Skottowe and his staff upon what has already been achieved in spite of the difficulties of overcrowding and out of date buildings.

Plans are at present being drawn up for the provision of a large number of further beds—a new admission hospital and convalescent villas together with a nurses' home are the chief buildings contemplated. In the meantime the classification of patients is extremely difficult and is complicated by the very serious overcrowding which amounts by day to 14 on the male and 63 on the female sides and by night to 27 on the male and 52 on the female sides of the hospital.

The wards, all of which we visited yesterday, were in very good order, spotlessly clean and most homely and comfortable. A great many of the day rooms and dormitories have been re-decorated—the colour schemes being very pleasing. We were glad to find that four of the wards—M. 9 and 11 and F. 10 and 12—are being provided with further lavatory and sanitary accommodation, small annexes are in course of erection and will help to overcome in these wards the present very inadequate provision.

One matter which we hope will be borne in mind in the reorganization of the main buildings consequent upon the proposed extensions to the hospital is the totally inadequate store-room and cloak-room space.

We should like to see in the sick dormitories in the admission and infirm wards of both sides the provision of wash basins with hot and cold water laid on for use of the nursing staff.

We noticed that in some of the side rooms where patients are nursed on the floor only one mattress is provided. We feel there should always be two mattresses in these side rooms.

We understand that 56 per cent. of the content of mattresses at this hospital is pure hair, the remainder being coir. In view of the highly inflammable nature of the latter we suggest that it should be treated to render it non-inflammable.

Since last visit an entirely new automatic telephone and fire alarm system has been installed in all wards and a new trailer fire engine has been bought.

We were glad to hear that a bowling green had been laid in the male non-parole garden and that deck quoits are also played by the patients who exercise there. The similar garden on the female side is smaller and less attractive and was yesterday being used for exercise by 233 patients. Classification is quite impossible therefore and although we realize the difficulties we do feel something ought to be done to segregate the more degraded patients during outdoor exercise time.

We were very glad to hear that a canteen and central library are to be built in a suitable position in the centre of the hospital. Wireless has recently been provided in all wards.

The number of patients in residence to-day is 781—359 men and 422 women. Of these 22 men and 17 women are voluntary patients and 3 women are here on a temporary basis. Two men are out on long leave or on trial, giving a total on the statutory books of 783. Forty men (25 in the service and ex-service class) and 37 women are private patients. The weekly charge for these patients ranges from 21s., which is the charge for the rate-aided, to 42s., and the average weekly maintenance cost is 20s. 11d.

One of the features of 1935 which is worthy of record is the high admission rate. Direct admissions numbered 181—87 men and 94 women. Fifty-two patients came in as voluntary patients and 10 as temporary patients. The former figure must be regarded as very satisfactory, but the latter figure suggests that knowledge of Section 5 of the Mental Treatment Act, 1930, is not so widespread amongst the general practitioners and relieving officers in Buckinghamshire as could be wished.

We have seen all the patients in residence and have talked with many of them. Few complaints were made and none of any substance. The demeanour of all patients was quiet and the wards were remarkably free from noise of any kind. The relationship existing between patients and staff appears excellent. We were glad to find that 3 wards on each side of the hospital were run on the open door principle and we are sure that the patients appreciate the sense of freedom which this system gives.

On the male side a useful foundation for occupational treatment has been laid. It has been most encouraging to see what has been accomplished during the past year. Occupations such as carpentry, toy making, fretwork and rug making are carried on in the wards, and the last-named is done by patients confined to bed. The occupation is carefully chosen to meet the needs of the individual patient. So far it has not been found possible to carry out similar work on the female side, but Dr. Skottowe has the need for this well in mind.

Useful work is being carried on in other hospitals in the way of physical training for patients of both sexes. It is found to be a valuable adjunct to occupation therapy. We hope a similar development here will shortly become possible.

The death rate for 1935 was 104 per thousand of the patients in residence, a somewhat higher figure than the average for the previous year in public mental hospitals: it is to be observed, however, that more than half the number of deaths occurred in patients of 65 years and over. Of the 56 deaths since the last visit of our colleagues 7 months ago, 21 were due to heart disease, 10 to pneumonia and 5 to tuberculosis.

One patient, returning from parole, met his death by being run over by a motor-car on the highway. One woman died from influenza last October. One woman recently sustained a fracture at the wrist and another a fracture of the fibula above the ankle by falling; the latter patient has since died. Yesterday a male post-encephalitic patient was operated upon urgently at the Royal Bucks Hospital for hæmorrhage from a portion of the pedicle of an abnormal lobe of the spleen. It is uncertain if the condition resulted from his throwing himself about his single room some hours previously.

Five male and 5 female patients are at present under treatment for tuberculosis; 5 of the 6 active cases are in bed out of doors in the daytime, their beds being withdrawn into the ward at night.

The number of patients in bed yesterday was 50 men and 81 women, or 16·7 per cent. of the entire number. In ward 16, 45 of the 85 women were in bed, 21 of them being out of doors. This has been rendered possible by the construction of a new wide door opening directly into the garden. Similar improvements have been made on the male side. We are glad to find that the lack of verandahs has not deterred the staff from affording these bed patients the benefits of the open air. It may be, however, that if the staff were sufficient and the infirm wards supplied with chairs of a suitable pattern certain of the bed-ridden patients might be got up for some hours

of the day giving them some change of outlook and posture. On the men's side the issue of bed-jackets would be of advantage to the patients sitting up in bed.

Certain pathological examinations for the hospital are carried out in laboratories in London in the absence of facilities here and of time on the part of the medical staff for such investigations, there being only two assistant Medical Officers for the 781 patients including fresh admissions; the latter require a considerable amount of time and attention particularly where, as in voluntary admissions, the accessibility of the patient calls for a more or less prolonged psychological examination.

It is noteworthy that as high a percentage as 75 of the deaths since the last visit was confirmed by post-mortem examination.

The helpful services of an unpaid clinical assistant have been secured for a few hours a week.

The diet is arranged on good lines; the variation in the dinner allows of changes for about a fortnight, and fresh fruit—oranges, apples and bananas—are served in turn.

The nursing staff is composed of 4 sub-officers, 15 charge, 81 ordinary and 21 night nurses. Over 26 per cent. of the male nurses and 10 per cent. of the female nurses are certificated in mental nursing and nearly as many are registered without certificates. Eight men and 5 women have passed the preliminary examination. These figures represent an increase during 1935 of 16 men and 18 women nurses in order to provide for the introduction of a 54-hour week. The proportion of nurses to female patients at night, however, is still only 1 to 69·6.

THE CAMBRIDGESHIRE, ISLE OF ELY, & BOROUGH OF CAMBRIDGE MENTAL HOSPITAL.

March 17th, 1936.

Our visit to this hospital started yesterday and we believe we have seen all the 730 patients at present in residence, and spoken to as many of them as showed any desire to converse with us.

The patients appear on the whole to be happy and contented, and this is due no doubt to the kindly relations which seem to exist between them and the medical and nursing staff. The atmosphere of the hospital is most homely, and this fact we are sure makes for the comfort of its inmates. Only in one ward—F.5—did we find any noise or complaints. Certainly it appeared more noisy than similar wards in other hospitals, and we can believe that the patients in it are of a very difficult type; the intensification of occupational treatment here, however, might be beneficial. Further reference to this matter will be made at a later stage.

Of the 730 patients in residence 289 are men and 441 women, and all are detained under certificates. These figures indicate that the authorities of the area served by this Hospital are making remarkably little use of the advantages of the Mental Treatment Act, and this must be a matter of some concern to the Visiting Committee. It is the due of the inhabitants of the area that they should be offered such facilities in a Mental Health Service as the Act has afforded the means of providing. Certain well-populated parts of the area are too remote for a single out-patients' clinic at Cambridge to be of service to them. We trust consideration will be given to their needs as well as to the desirability for close liaison with this hospital, for it is in this way that patients requiring treatment can best be induced to enter the hospital as voluntary patients and thus co-operate in their treatment most effectually.

Treatment of mental illness on psycho-therapeutic lines calls for the devotion of a considerable amount of time to the individual patient, and we find it difficult to see how so small a medical staff can apply such treatment to the best advantage when the number of patients at present in the hospital is taken into consideration.

Redecoration has been carried out in a number of wards, and at the same time their sanitary annexes have been modernized satisfactorily. Other wards have yet to be redecorated, and we would urge that when the sanitary annexes are reconstructed each should be provided with a sluice. Many of the wash basins still lack hot water throughout the hospital, and we hope that it will be found possible to provide the top female dormitory where there are about 30 beds with lavatory basins. We feel too, that lavatory basins with hot and cold water would be of great utility in these dormitories in which sick and infirm patients are nursed in bed.

We have discussed with Dr. Jones the possibility of introducing brushes of different shapes for the scrubbing of different parts of the wards. This would ensure that the brushes used for cleaning the water closet floors and seats were used for no other purpose.

We thought that the ward garden of F.6 and 7 might be made more attractive. One ward garden on the male side was particularly well laid out, and it is, we were glad to hear, kept in order by the patients.

Both kitchen and laundry are in need of redecoration, and we feel that work in the latter must be much hampered by the out-of-date calender.

It was satisfactory to find that the better type of patient at this hospital enjoys the privilege of wearing individual underclothing. This is marked with the patient's name as well as the number of the ward. Storing space for clothing is somewhat restricted, and in some wards the space for shoes is quite inadequate. We were glad to hear that whenever possible efforts are being made to improve matters.

We should like to suggest that there should be some means by which working patients of the better type who happen to be edentulous should, if they are fit to take care of them, be provided with false teeth.

The use of handicrafts in treatment is well directed as far as it goes, and patients who are likely to derive benefit are attending the women's class. A class in two divisions has been started in F.5, the ward to which we have already referred, for the patients who are too disturbed to meet the others. We think that handicrafts which are calculated to make a strong appeal to male patients are required for that side, and that a much wider application of this most effective mode of treatment is greatly needed, calling for the organization of the entire activities of the hospital in such a way as to provide graduated occupation for all wards, and in this way to promote the idea of an individual sense of responsibility among the patients, with a view to restoring balanced behaviour. To this end we hope that it may be possible for Dr. Jones to visit certain hospitals we have mentioned to him where such an organization is well developed. We were glad to hear that plans for a new occupation centre and workshops are well forward, and that building is shortly to be started.

There are at present 1 man and 3 women on long leave or on trial, but none are boarded out under Section 57 (L.A. 1890), and in view of the overcrowding of the Hospital—there is a deficiency of space by day for 26 males and 49 females, and by night for 3 males—we have discussed this possibility with Dr. Jones. We were glad to find him in sympathy with the idea. There are apparently a number of patients in the hospital who are suitable to be dealt with in this manner, if appropriate homes could be found for them. It would be ideal if any former nurses who have married and left the service could be found willing to take in patients under this section.

Twenty-two males (19 in the service or ex-service class) and 8 females are in the private category, and the charge for them is 35s. per week, the weekly maintenance charge for rate-aided patients being 21s. The average weekly maintenance cost is 21s. 4.7d.

The amount of parole given is small, only 8 men enjoying that privilege beyond the estate and 20 men and 5 women within the grounds. Only one ward, F.2, is open to the ward garden.

There are at present 6 male and 9 female nurses of charge rank, and 27 male and 40 female ordinary nurses. Seven male and 10 female nurses are on

night duty. Thirty-four men and 24 women are certificated as mental nurses, and 7 males are registered. Four men and 11 women have passed the preliminary examination.

Since the last visit now 11 months ago there has been one fresh case of enteric fever, which arose in the same ward in which other cases have previously occurred. This patient and another, whose mental states forbid their sleeping with the 17 segregated on account of a previous enteric illness, live in F.5, and we hope that arrangements will be made for an overhaul of all patients in this ward to ascertain those who are excreting the bacilli of typhoid from time to time, and so to discover, as far as may be possible, the patients who are a source of danger to their fellows.

Tuberculosis, to which the deaths of 3 men and 1 woman have been due, has affected 3 men and 3 women. There is need for open-air accommodation for these patients separately from others, both for men and for women. The lack of verandahs to the sick wards on both sides of the hospital is much felt and presented some contrast with the beneficial conditions prevailing at the admission hospital.

The several uses of X-rays that are regularly available for hospital patients in general medicine and surgery call for similar means for investigation of illness here, for although certain patients may be conveyed into Cambridge for such examination without risk, any journey will preclude the application of X-rays to a number of other patients who may need them.

The principal single cause of death in the 54 which have occurred since the last visit is heart disease (24).

Post-mortem examinations were carried out in 64·8 per cent. of the deaths. No death has been the subject of an inquest. The death-rate of the hospital for 1935 was 77 per thousand compared with an average in public Mental Hospitals of 68. It was higher amongst men than the women.

Accidental non-fatal fractures have occurred in the cases of 4 women.

The dietary was arranged on a fortnightly rota, but more frequent alterations are now made. The selection of menus is good, but it would improve the list to add fruit during the winter when fresh greens are not available. A second course is served at dinner 4 times a week. The service of this meal, at which we were present yesterday, was expeditious and the helping looked attractive and ample. The use of trolleys of a good pattern wheeled from table to table is a considerable aid to the serving of a hot meal. We were glad to hear that the number of ovens for heating plates was to be increased.

The farm dairy has no sterilizer for milking utensils, which are at present cleaned in the building in which the pig food is heated, an inadequate arrangement.

Much of the manure value is lost owing to the absence of means of collecting the liquid portion.

Our visit has been a pleasant and interesting one, and our thanks are due to Dr. Jones and his medical and nursing staffs for their helpful attitude.

CARMARTHEN, CARDIGAN AND PEMBROKE (JOINT COUNTIES) MENTAL HOSPITAL.

September 16th, 1936.

Visiting this hospital throughout yesterday and to-day, we have been interested to observe the progress that is being made in raising the standard of care of the patients in several directions and in improving the hygiene of their wards. Additions have been made to the sanitary provision in several wards and gardens, and in verandah space an advance has been made in the application of occupation in treatment. The installation of a wireless receiving apparatus has been much appreciated, but, at present, it has not reached the male hospital.

We are interested to learn that a scheme has been sanctioned for the replacement of the existing inadequate water supply by one from a new source, which promises to be both sufficient and of good quality.

We understand that tenders have been invited for the erection of the new admission hospital and nurses' home. A new house for the head male nurse is nearing completion, and a bowling green is in course of construction on the north side of the hospital. An early division of the men's well-kept garden is to take place in the interests of classification.

We appreciate these evidences of progress on the part of the management of the hospital, but feel constrained, nevertheless, to draw attention to certain insanitary and other features, which call for early amelioration :—Ward M.2 has only 7 lavatory basins, 5 indoor w.cs. and a urinal for 99 patients; ward F.2 has 6 basins and 3 w.cs. for 76 women, and there is no staff w.c.; ward F.7 has 3 basins and 3 w.cs. for 55 women and the basins are in a very narrow and unsuitable situation; in ward F.6 the w.cs. are awaiting replacement and there are only 4 basins for 55 patients; there is no more privacy for the staff than for the patients in their own w.c. In this ward and elsewhere the cloak-room and storage space is very insufficient.

The overcrowding of the hospital is shewn in the following figures :—

					Male.	Female.
Accommodation by day	...	...	...	...	289	328
Accommodation by night	...	...	...	...	353	289
Number of patients in residence	...	...	...	...	383	383

The overcrowding is thus 94 by day on the men's side and 30 by night; on the women's side it is 55 by day and 94 by night: this latter figure, however, is reduced by 30 owing to the temporary use of the old laundry as accommodation for elderly women. One female dormitory with space for 42 beds now contains 57, and a similar state of overcrowding may be seen in the corresponding male ward. In this connection we would mention the existence of vacant space in the isolation hospital where 30 patients were, at one time, accommodated. Ward F.5 is in need of verandah space, and the hospital ward on this side could well do with some further convenience of this kind to enable more patients to be nursed in the open air. At Job's Well House there has been no water supply in the w.cs. for months and all water has to be carried to flush the pans. Only loose basins exist in the dormitories and all water has to be carried. There is no proper store cupboard and the fire staircase is unsafe and requires guarding at the sides.

The supply of lockers for patients' personal belongings is increasing owing to the activity of the patients' handicrafts department. Coat-hangers have been secured on the men's side and are much needed on the women's side, where the lack of cloak-room space is more particularly felt.

Many of the mattresses are unusually hard and, on all wooden bedsteads, they lie on boards. Patients' underclothing is now marked with their own names and any patient may wear private clothing, where suitable, if desired. The old-fashioned underclothing on the women's side has been replaced by undergarments of a light and comfortable texture. Some better-fitting garments are needed for the more degraded men, and it is likely that clothing of a more appropriate character could be devised.

The existing laundry machinery is apparently insufficient to calender the day and night shirts of patients, with the result that they are worn after rough drying. Two box mangles are still in use in the general laundry and a third exists in the officers' laundry.

A wide range of handicrafts is utilised and much useful treatment is achieved but, in order to secure the best results for patients and for the hospital in general, certain developments of this work are needed, which can probably be best understood by a visit to a mental hospital which exhibits advanced progress in this direction. We have suggested to Dr. Davies such a hospital for a visit.

The supply of library books is inadequate in quality and quantity and seems to require some annual financial help.

Few mental hospitals are at present without a sound cinema. We are, therefore, glad to learn that an effort has been made by members of the staff to raise funds to provide one in this hospital. We trust the Committee will see fit to further this beneficent project.

Having some acquaintance with the character and religious history of the Principality, it was with some surprise that we learned of the infrequency of Nonconformist Divine service in this hospital, which now takes place only once a month: moreover, there is no appointed Chaplain of the Free Churches. We feel further that there is a definite need, to which patients have given expression, for services in the Welsh tongue.

The average number of patients resident during 1935 was 370 males and 363 females, a total of 733. The death rate for this period was 86 for males, 74 for females, and 80 for both sexes, per thousand. This rate is somewhat in excess of that for metal hospitals generally. Since the last visit the deaths have numbered 59, and 58 per cent. of these were over 60 years of age. On the other hand, of the 91 patients admitted during this period only 14 per cent. were over 60 years of age. Post mortem examinations were conducted in 29 of the 59 deaths.

Amongst the causes of death were—tuberculosis 8, general paralysis 2, heart disease 21, pneumonia 10, intestinal obstruction 2, and asphyxia 1. Four inquests were held during the period under review and full details of each case were reported to our Board at the time. We observe in the hospital the unusually large proportion of 55 patients, who are under constant observation.

Four serious casualties, all fractures of bones, and due to accidental causes, have occurred since the last visit, affecting 1 man and 3 women. During February and March 13 men, 2 women and 1 male nurse were attacked by diarrhoea of a serious nature and in 5 of them a bacillus of Flexner type was isolated.

At the present time the hospital is stated to be free from active intestinal disease but 4 men and 4 women suffer from some form of tuberculosis.

The general health of the patients appears to be fairly good though we noticed that many, particularly on the female side, were somewhat anaemic and far from robust. In this connection we would draw attention to the large number of disused gas jets, supplying gas, which exists throughout the main building. Apart from the risk of accidentally setting gas free, we regard these disused fittings as a potential source of danger to health owing to possible and, we consider, actual, leakage of gas and we think that the gas supply should be cut off except to the gas cookers and the fittings removed as soon as possible. The shortage of storage accommodation on the female side is so serious as to be unhygienic, and in ward F.2 we actually found the bins for dirty linen standing at the top of the staircase.

The nursing arrangements throughout the hospital are satisfactory although, perhaps owing to the inclement weather when we visited the wards, relatively few of the 14 men and 34 women in bed were being nursed out of doors. The fairly numerous cases of former dysentery and potential carriers are treated with reasonable precautions in view of the impossibility of isolating them, and their sleeping arrangements, whilst leaving much to be desired, are as satisfactory as it seems possible to provide. We would draw attention to the large number of wooden commodes, which are difficult to clean effectively, and some of which are used at night by potential dysentery carriers without the certainty that they cannot be used by other patients in the dormitory. We have discussed the use of disinfectants with Dr. Davies and have made certain suggestions which we hope will be helpful.

In the male hospital ward we noticed 5 boys, aged from 7 to 15 years, mostly of low grade. We regret that it appears difficult or impossible for more suitable accommodation and training for them. In the female hospital ward we saw a child, aged 3 years, who exhibits certain possibilities of improvement by training and we suggest that she be removed to an appropriate institution for receiving mentally defective children.

Whilst inspecting the mortuary and laboratory, we were struck by the inadequacy of the former as a place for the performance of postmortem examinations and the absence of suitable appliances for the purpose. We made certain suggestions to Dr. Davies regarding its improvement or replacement. We should like to see systematic and more complete records of the bacteriological work accomplished in the laboratory.

The number of patients in residence in the hospital yesterday was 383 men and 383 women, a total of 766. Three men and 4 women are out on trial. During the year 1935, 4 men and 4 women were admitted as voluntary patients and there were no temporary admissions. Since January 1st last no fewer than 15 men and 12 women have been admitted as voluntary patients.

We understand that outpatient clinics have been instituted at Aberystwyth, Cardigan, Carmarthen and Haverfordwest, and that sessions take place at intervals of two months in each of these towns: we feel confident that this is an inadequate service and not likely to extend the progress of outpatient treatment in proportion to its need.

The weekly charge for maintenance is 19s. 10d. for home patients and 22s. 6d. up to 42s. for private patients. The weekly cost as last ascertained is 20s. 5.9d.

The present staff of nurses is as follows:—

					Male.	Female.	Total.
Charge Nurses	...	...	...	...	7	7	14
Ordinary Nurses	...	...	...	...	38	38	76
Night Nurses	...	...	...	...	4	5	9

No women are employed on the male side at present. Of the 99 nurses, 10 men and 16 women are certificated as mental nurses and 22 men and 4 women are registered but not certificated. Thirteen men and 13 women have passed the preliminary examination.

Thirty-eight men and 3 women are allowed parole beyond the estate and 64 men and 7 women within the estate.

M. hospital and M. 7 wards on the male side are open to the grounds; in this connection we would remark on the numerous instances of kindly consideration for the special needs of individual patients which we have observed.

Dr. Davies is assisted by Dr. Beryl Senneck and Dr. Charles K. Vautier.

We have studied the four-weekly dietary and consider it satisfactory in quality. We saw a good dinner of meat and potato pie containing turnips and onions, accompanied by greens. Whilst the patients are provided with bread in ordinary amount we should like to feel satisfied that they can obtain such extra bread as they are able to eat. We observed with interest that the butter provided is of local origin and of very good quality. We have been favourably impressed with what we have seen of the standard of cooking.

CHESHIRE MENTAL HOSPITALS.—1. UPTON, CHESTER.

July 3rd, 1936.

Our visit to this hospital has extended over three days, and much of the time has been devoted to the study of the occupational treatment of patients which the Medical Superintendent, Dr. Grills, has developed and perfected during the past three years. Physical and remedial exercises are used in conjunction with the purely occupational work and the whole is under the guidance of a trained occupation officer, an assistant and some pupils who are finishing their training here. The nursing staff both male and female are also brought into the scheme. We have been most interested and impressed by the excellence of the work carried on and by the enthusiasm of the staff in co-operating with Dr. Grills. The results of the treatment demonstrate its value. We have seen throughout our visit ward after ward devoid of

noise—wards which in the old days housed the most turbulent patients—and filled for the most part with contented, well behaved and interested patients. It has been found possible to diminish in a marked degree the use of sedatives and patients with faulty habits, who have been induced to occupy themselves, have improved most noticeably in this respect. Further reference to this subject with regard to new admissions and convalescent patients will be made at a later stage in this report.

The major operation of modernizing the century old buildings housing the majority of the female patients is fast being completed and it has been possible to judge the work as a whole. The adaptation of the old buildings and the creation of modern self-contained wards are most ingenious. The day rooms and dormitories are now large light and airy and the colour schemes among the most attractive we have seen anywhere. The opportunity has been taken to add verandahs where possible, some of which are used for occupations in the wards. The ward gardens are also being replanned and some attractive rock gardens are in course of construction.

In the renovated wards great care has been taken with regard to the provision of modern bath and wash rooms and water closet accommodation. We particularly liked the arrangements for the patients' individual towels.

Another important work in course of being carried out is the treatment of the Recreation Hall acoustically and the installation of a talking film apparatus. This change should be completed by the Autumn and will undoubtedly be a great boon to the patients.

These important improvements have naturally enough had priority over other matters and the kitchen, bakehouse and parts of the old-fashioned laundry are now ripe for repair and redecoration and in some of the ward gardens re-asphalting of paths is much needed.

Two small improvements we would like to see are :— (1) the provision of basins with hot and cold water laid on in the dormitories of wards in which sick and infirm patients are nursed. (2) Gauze netting over the tops of ward larder windows to improve ventilation.

The dress of patients is remarkably good and great care is paid to the question of female underclothing. The excellent sewing room so well equipped with sewing machines and knitting machinery and employing over 130 patients is a valuable adjunct. It would be a help with the male clothing if a steam clothes press to be used exclusively for men's suits were installed in the laundry.

The wards generally were in good order and comfortably furnished. There is an adequate provision of books in the book shelves and we were glad to hear of the plans for a new central library. The number of daily papers, cheap weeklies such as *Titbits*, *Answers*, *Home Chat* and so on might, we think, be augmented.

Plans are being considered for a recreation field. There has never been a proper sports field at this hospital, and one is much needed. We visited the field which it is hoped to level and feel that the site is the best available.

Improvements have been carried out in the diet, but the rota is still a weekly one and must therefore tend to be monotonous. We hope it will be found possible to introduce a three-weekly diet instead. This system is found most successful elsewhere.

We have seen all the patients in residence and we have spoken to many of them. They number 1,763—774 men and 989 women. Of these 26 men and 22 women are voluntary and 4 men and 2 women are temporary patients. The remainder are all under certificates. The number of patients admitted under the Mental Treatment Act show a slow increase. The figures for temporary patients cannot be regarded as satisfactory. Those for voluntary patients will undoubtedly improve rapidly if and when out-patients' clinics, to which further reference will be made, are opened at Birkenhead and Wallasey.

Two female patients are out on leave or on trial. The total number of patients on the statutory books is therefore 1,765. Eighty-three males (62 in the service or ex-service class) and 57 females rank as private patients

The charge for these patients is 28s. per week, whilst the weekly charge for rate-aided patients is 17s. 6d., the average cost being 17s. 4·043d.

The hospital continues to be greatly overcrowded. There is a deficiency of day space for 79 male and 234 female patients and by night for 79 males and 92 females. It will be some years before the 300 new beds at Parkside are available and relieve the congestion there and here. By that time it is to be feared that number may be found to be inadequate.

Fifty-three males and 40 females enjoy parole beyond the estate and 67 males and 11 females parole within the grounds.

The present staff of nurses consists of 10 men and 21 women of charge rank, 59 male and 111 female ordinary nurses, and 9 men and 26 women nurses on night duty. Thirty-one women are employed on the male side. Fifty-two males and 62 females are certificated or registered as mental nurses, and 8 males and 21 females have passed the preliminary examination.

This hospital, which is so well equipped for the treatment of mental disorders in the early stages is much handicapped by having only one out-patient clinic. This clinic is held at the Royal Infirmary, Chester, and is therefore so far from the big centres of population in the Wirral peninsula that they cannot benefit from the service. It is to be remembered that half the population of the hospital comes from Birkenhead and Wallasey. We would therefore endorse the remarks made by our colleagues in their report of November last. We would also point out that in order to permit the more senior members of the medical staff to participate in the development of the clinics an additional medical appointment is indicated. We have discussed this matter with Dr. Grills and we hope that we have been able to clear up some of the difficulties which he has felt in the past to be in the way.

At the time of our visit the general health of the patients was good. Twenty-nine patients were suffering from pulmonary tuberculosis, mostly quiescent; such patients as were in bed were suffering in the main from senility or heart disease and a much smaller number because of the severer mental conditions.

Beginning in November 1935, the date of the last visit, and up to March 1936, there were a number of cases of diphtheria and scarlet fever, 10 of the former and 11 of the latter, affecting both sexes, and in the latter half of the same period there were 14 cases of erysipelas of which 12 were among male patients. The much heavier incidence of scarlet fever and erysipelas on the male side is, we think, a point of interest.

During 1935 the mortality rate was 5·5 per cent., with a slightly higher incidence on the male side. Since the last visit there have been 80 deaths, equal as to numbers between the sexes. Post-mortem examinations were made in 48 instances, that is 60 per cent. Of the causes of death pulmonary conditions including tuberculosis caused 11, pneumonia 12, congestion of the lungs 5, bronchitis 2 and oedema 2, and showed the highest rate amounting to 40 per cent. of the total. During the same period there have been 4 inquests, particulars of which have been furnished to our Board. There have been 6 non-fatal accidents, four involving the limbs and accidentally caused and one self-inflicted.

As compared with the mean incidence rate of new cases of tuberculosis and deaths from the same cause in all mental hospitals for 1935, the figures in this hospital show a lower incidence rate and a higher death rate, whilst in comparison with corresponding figures for dysentery it is satisfactory to note that there has been no fresh case of this disease. In regard to dysentery and enteric infections it is the practice here to make frequent bacteriological examinations of the stools of all old cases. In one case of typhoid positive stools persisted until the gall bladder was removed for gall stones.

The laboratory is fully occupied and under the direction of a qualified assistant does valuable work for the hospital and considerable use is made of its facilities in connection with the clinical work of the wards.

The treatment of melancholic patients showing a deficiency of acid—uric organisms with *acidophilus bacillus* in milk is one instance of the forms of

treatment experimented with in this hospital, while prolonged narcosis, diathermy, radiant heat, prolonged immersion baths are also employed systematically in all appropriate cases.

It is gratifying to find that coupled with such forms of treatment the facilities provided by the bright and cheerful occupation therapy rooms immediately adjacent to the admission wards are made full use of in the very early stages of treatment. Exception is made only in the extreme forms of mental disorder, and it is a noticeable fact that patients suffering from more acute forms of mental disorder soon respond to their new environment and attempt to co-operate in the various occupations and remedial exercises conducted by persons having special experience of the application. It should be noted too that the medical officers give directions as to the utility of persevering in these forms of therapy.

The provisions of treatment are not perhaps so ideal in arrangement and equipment on the male side as on the female.

In connection with the patients receiving treatment in the special ways described we think it would be helpful to them if they were given some refreshment in the middle of the morning after the physical exercises.

We think that one afternoon session for dental treatment is inadequate, and apart from the importance of giving attention to the recent admissions it is also desirable to provide treatment for the older cases. We saw many patients whose teeth were in a bad state and we therefore suggest that better arrangements should be made in this direction. As a detail of dental hygiene we would suggest the provision of dental mugs for dentures and some form of tooth powder for patients' use.

The engagement of an oculist and the provision of spectacles for patients has been very successful. Several patients express their gratitude.

In a mental hospital of this size with the frequent need for specialist advice, it might be considered a more satisfactory arrangement, from all points of view, than the present one, if the consultants received an annual retaining fee.

Our visit has been a very pleasant and interesting one and our thanks are due to Dr. Grills and his deputy Dr. Gillespie and all the assistant medical officers for their assistance and helpfulness to us during the course of our visit.

CHESHIRE MENTAL HOSPITALS—2. PARKSIDE, MACCLESFIELD.

June 30th, 1936.

Since our colleagues visited in May of last year a big programme of alterations and improvements has been carried out and other works of an important nature have been started or are in contemplation. It will be impossible to refer to them all here. We are satisfied, however, that the Visiting Committee and Dr. Cormac (who unfortunately we have missed seeing at this visit) are determined to modernize the old buildings and to keep the more recent ones up to date. The contemplated new villas will increase the usefulness of the hospital, and will do much to relieve the conditions of overcrowding, as well as something toward providing for future requirements.

The new occupation buildings which include a sewing room, jam, pickle, sausage and brawn making rooms and additional store-rooms for bacon curing and the butcher's shop are now completed and are in occupation. We were much interested in all we saw there. The upholsterer's shop at the male occupation building has already had to be extended.

The value of occupation in the treatment of mental disorders continues to be fully realized here and we have spent a considerable time in visiting the various shops and occupation rooms as well as in observing the many activities which are carried on in the wards. Physical culture classes are also carried out by the occupation therapy staff and the students who work with them. We have seen a number of classes being held both in and out

of doors. The patients taking part were nearly all of the dementia praecox and repressed types and we were interested to hear of the improvement in behaviour which is brought about by these daily exercises.

The modernization of the sanitary spurs throughout the main hospital is in contemplation and the work has actually been started in M. 3. The spurs are to be tiled throughout, new water closet pans are to be put in and new lavatory basins installed where necessary. We hope that the need of sluices for the cleansing of night utensils of modern type has been taken into consideration. It may be opportune to mention here that we noticed that newspapers was in fairly general use instead of toilet paper. We were informed upon enquiry that only 1 toilet roll a month was issued to each ward, and we hope that this may be altered and that the use of newspaper be abolished.

Another very important work in contemplation is the modernization of the kitchen in the main building. The plans which we have seen provide for a double drawplate oven and for the removal of the boilers to a side room. The present kitchen is extremely old fashioned and the projected replanning will be of great benefit.

During yesterday and to-day we have seen all the patients in residence and we have spoken to as many of them as showed any inclination to converse. We gave one private interview. The number in residence was 1,329—587 men and 742 women. Of these only 17 were on a voluntary footing and only 1 a temporary patient. During 1935 of the 223 admissions (direct) 48 were voluntary and 1 was temporary, the remainder coming in under certificates. These figures cannot be regarded as satisfactory, but we hope that there will be improvement in the voluntary figures when the new out-patients clinics are opened at Stockport and Crewe.

In addition to the patients in residence 3 females are out on leave or on trial and this gives a total of 1,332 on the statutory books.

Eighty-six males (54 in the service or ex-service class) and 66 females rank as private patients.

There is a deficiency of accommodation by day on the female side for 38 patients and by night for 37 males and 5 females.

The weekly maintenance charge for rate-aided patients is 17s. 2½d. and for private patients from 21s. to 56s. The average weekly maintenance cost is 17s. 0¾d.

Thirty-six male and 39 female patients enjoy parole beyond the grounds and 58 males and 64 females have parole within the estate.

We found the patients quiet and well behaved and with few complaints except upon the score of detention, and, as we have already stated, extremely well occupied.

The wards are comfortably furnished and the display of growing plants and flowers in nearly all of them does much to make them bright and gay. Wireless is now laid on in each day room. The number of weekly papers, books and games is quite adequate.

Storage space for clothing and ward stocks is very restricted in many wards and we would like to see it increased although we realize the difficulties. Coat hangers are being made in the occupation room, but so far no fixed rods have been installed in the cloak-rooms to hang them on. The coat hanger and rod is a most satisfactory method of storing coats and dresses.

We would like to see improvements made in the male dress. In the male admission ward, for example, we saw some very shabby suits and one or two of them were very noticeably patched. The introduction of a steam clothes press either in the tailor's shop or laundry and kept exclusively for the male suits would do something to smarten the male dress. We have also paid some attention to the undergarments of the female patients. These are of the very old-fashioned type and of a kind fast disappearing from mental hospitals. This is a matter which we hope will be taken up by the lady members of the Visiting Committee as well as by the Matron.

In examining the ward stocks we found that each patient was, as a rule, provided only with one towel each week for all purposes (except the weekly bath) and that many of them were in the habit of washing this out themselves several times, others not so particular had very dirty towels. Even at Uplands, where private patients are housed, the weekly clean towel appeared to be the rule. The towel is not of large size. In ward F. 3 the ward stock book showed 82 bath towels although there are 85 patients. In some hospitals we visit each patient is provided with a clean towel each day. We gather from our visit to the laundry that without enlargement it would not be able to handle a very much larger amount of washing each week which may account for the fact that patients have a clean towel only once a week. With the extensions to the hospital, which are envisaged, the extension of the laundry may also have to be considered.

We have been very pleased to see how much the patients at this hospital are encouraged to live out in the open air. Dinners are served on tables on the open-air verandahs and many of the occupations are also carried out on these verandahs.

Arising out of our inspection of the night report books of the sick and observation and new admission wards we have discussed certain matters relating to night visitation of the dormitories by medical and nursing staff with the Deputy Medical Superintendent, Dr. Parkin, who will no doubt discuss our views with Dr. Cormac.

The nursing staff consists of 6 men and 17 women of charge rank, 48 men and 73 women ordinary nurses and 12 men and 17 women who are on night duty. Seventeen women nurses are employed on the male side.

Thirty-three male and 66 female nurses are certificated or registered as mental nurses and 14 men and 11 women have passed the preliminary examination.

Since the last visit the most serious infective conditions were influenza, enteric and dysentery. The first-mentioned condition affected 8 men and 58 women, the highest incidence rate being during January and February; at the same time several of the female nursing staff were also affected. Deaths from this cause, including its respiratory complications, numbered 7, 4 men and 3 women. In November three female patients were affected by enteric fever, another in January and as recently as May a female nurse suffered from the same condition. Three patients died from this infection. Dysentery also affected three female patients but no death resulted from this condition.

While laboratory investigations in connection with patients who have had dysentery are systematically made we think that the matter of ward hygiene should receive particular attention where such patients are to be found. We would mention the male infirmary ward in particular. A basin with hot and cold water laid on in the dormitory would be an asset, we think, as several of the patients are frequently faulty in their habits. The method of temporarily dealing with soiled or wet linen should be investigated and a receptacle should be immediately available for such garments. The shortage of towels in this ward may lead to unsatisfactory hygienic practises, such as those we noticed during our visit. The laundry difficulty, we assume, may be responsible for the appearance and inadequate supply of white jackets for the nurses. We are not satisfied that in this ward the necessity for strict cleanliness, particularly in the sanitary annexe, is fully appreciated and we think that its supervision is a matter of importance. The storerooms connected with it also need detailed inspection and are at the moment inadequate for the proper housing of ward equipment.

There have been 11 fractures during the period under review; 3 involving the lower limb and 8 the upper. In addition one patient, a hydrocephalic, with abnormal thinning of the bone sustained a fracture of the skull and died later of bronchial pneumonia. Including this case 3 inquests were held, one death being returned as due to "natural causes," the other two being by "misadventure."

Out of a total of 80 deaths 28 men and 52 women, no less than 36 were due to heart disease and these in the ratio of 6 men to 30 women. As already mentioned there were 3 deaths (women) from enteric, 7 from influenza and 7 from kidney disease.

Post-mortem examinations were held in 75 per cent. of the cases.

At the date of our visit the general health of the patients was good, only 3 male and 2 female patients were suffering from active tuberculosis. They were being nursed under open-air conditions.

The total number of patients being nursed in bed at the time of our visit was 100, or approximately 7 to 8 per cent. of the total number of patients.

In the absence of Dr. Cormac his Deputy, Dr. Parkin, and the assistant medical officers, Drs. Crow, Stafford and Littlewood, escorted us throughout our visit and rendered us every assistance.

CORNWALL MENTAL HOSPITAL.

December 19th, 1936.

We have spent the whole of yesterday and part of to-day on the annual visit, on behalf of our Board, to this hospital. We have been through all the wards and domestic departments at the main building and have visited the villas at Liskeard and Lanival. We have, we believe, seen all the patients, have spoken to a large number and have given any, who so desired, the opportunity of talking to us.

A large part of this hospital consists of very old buildings which do not readily lend themselves to a proper classification of patients. Recently, however, four of the oldest male wards have been reconstructed and turned into two pleasant dayrooms and two dormitories. This reconstruction has just been completed and it is hoped soon to occupy the wards with convalescent male patients. In this connection also, we noticed on our rounds a large number of mental defectives whose gradual transfer to appropriate colonies would do much to make suitable grouping of patients within the various wards easier.

The wards themselves are bright with light-coloured walls on which are fixed attractive posters, but the furniture generally throughout the hospital leaves much to be desired in the way of couches, easy chairs and floor rugs or mats.

Additional hand-basins with hot and cold water have been erected in a number of wards, but we think this improvement might be extended to the female isolation ward (Foster Yard) where the only available hot water is in the outside yard. The number of toothbrushes is still very limited here and we feel more patients, especially on the male side, might be encouraged in their use.

The female patients presented a neat and tidy appearance in suitable frocks and dresses. The appearance of the male patients would be improved if the wearing, by so many, of white fustian trousers were discouraged and if a steam press, for the periodic pressing of suits, could be provided. Coat-hangers are gradually being supplied but additional cupboards, with rods or racks with rails, are necessary rather than the present hooks. We were pleased to see lockers, each with private locks, for the storage of patients' personal belongings in one or two wards. These are made on the premises and, through time, will be fitted throughout the hospital.

We saw a good dinner being served yesterday and obviously being enjoyed. Glass tumblers are provided for drinking instead of the usual porcelain mug and by most patients are appreciated. Meat plates are still warmed by being placed under the hot water tap (except in High Building) and when there are two courses the sweet plate is not warmed at all. We reiterate the hope of our colleagues at their visit last year—that some means of heating plates will be introduced into all wards.

Occupational treatment continues to progress here and a large percentage of the patients are employed at various crafts, both in the wards and at the special classes in the recreation hall and other rooms. Physical exercises have not yet been begun but we venture to suggest that, while the majority of patients here are of the elderly type, there is a sufficient number of younger patients to justify the starting of drill classes.

Two verandahs have been erected—one on the male and one on the female side. On the male side the verandah has been erected on the ward which combines the functions of admission ward and infirmary. On the female side the verandah is on the ward for senile bedridden patients but here, now, any case of active tuberculosis will be nursed. Both verandahs are pleasantly situated, are each for twelve beds and have proved beneficial in the care of the patients.

The laundry was visited. An additional guard is necessary for one of the calenders and there is need for the provision of a suitable steam jet for the disinfection of bins which carry infected or soiled linen.

We visited the kitchen where everything was satisfactory but where, so far, there is no fish frier. If, through time, this could be supplied, we are sure the periodic fish meal would prove most acceptable to all patients and constitute a pleasant change in the dietary.

In High Buildings we felt it would be an additional safeguard if the necessary keys, in glass-fronted boxes, could be fitted in the dormitories at the fire escape doors.

We saw two excellent canteens, one on each side. Both prove extremely popular with the patients and the female canteen is run, with marked success, by a voluntary patient.

In Rashleigh Building a room has been fitted up as a lecture room for the staff. There is a good supply of teaching models but, as yet, no desks or suitable means of taking notes have been supplied.

Since the beginning of this year there have been 199 direct admissions. Of these, 50 have come as voluntary patients, 5 have come on a temporary basis, the remaining 144 being under certificate. It is gratifying to note the steadily increasing number of voluntary admission. This is due in no small measure to the out-patient clinic which Dr. Rivers attends once monthly at Truro Infirmary. In connection with this clinic, with the investigation of social and home conditions of all admissions and with the after-care of discharged patients, the services of a full-time social worker would be invaluable here.

Resident in the hospital at present are 1,165 patients. Of these 37 are voluntary patients and 1,128 are under certificate. Absent from the hospital on long leave or trial are 22 patients, making the total number on the statutory books 1,187.

Of the patients here 103 belong to the private class, of whom 40 are service or ex-service patients. The number of out-county cases here at present is 49.

Since last visit, the general health of the patients has been good. There were 16 mild cases of influenza amongst the patients and 7 amongst the staff. Early in the year there were 3 cases of enteric fever—all female patients, of whom 1 died. In March there were 5 cases of dysentery—3 males and 2 females—all of whom made good recoveries. Special precautions are taken, to prevent the spread of these diseases, by the isolation of carriers.

The death rate for the year ending December 31st, 1935, was 5·5 per cent. (M. 4·4, F. 6·6) which is well below that of 6·8 per cent.—the average for all mental hospitals in England and Wales.

Since last visit, there have been 98 deaths (M. 37, F. 61) but in only 52 cases were post-mortem examinations held and we hope that, in future, the number of such examinations, in proportion to the deaths, will be increased. The principal causes of death were:—heart disease (32), senile decay (26), pneumonia (11), tuberculosis (2), and cancer (3). One inquest was held: full particulars of it have already been submitted to the Board. At our visit

there were 13 patients on tuberculosis cards but only 2 of each sex are active cases of this disease and are receiving open-air treatment.

We were pleased to note the small number of patients in bed—namely, 47 males and 50 females—the majority of whom were senile and in bed for physical reasons. Those in bed showed evidence of careful nursing and kindly attention.

There were 8 serious casualties (M. 1, F. 7) all being in the nature of fractures—2 of the leg, 4 of the thigh, and 2 of the fore-arm bones. One was due to a fall getting out of bed : another occurred during a fit : two to being pushed over by another patient and the others to accidental falls. The small number of accidents among the large number of patients in this hospital reflects credit on the care and attention received by the patients from the staff.

The present nursing staff consists of 26 charge nurses (M. 13, F. 13) and 122 ordinary nurses (M. 57, F. 65). Of the latter, 11 male and 11 female nurses are on night duty. Of the nurses 54 men and 18 women are certificated or registered as mental nurses while 11 men and 7 women have passed the preliminary examination.

We have to thank the Medical Superintendent, Dr. Rivers, and his Deputy, Dr. O'Keeffe, and Dr. Dedman for accompanying us during our tour of the hospital and for much assistance in the Wards where their intimate knowledge of the patients was most helpful.

CUMBERLAND AND WESTMORLAND MENTAL HOSPITAL.

October 9th, 1936.

We have devoted two days to the annual visit to this hospital on behalf of our Board. We have had the pleasure of meeting the Chairman of the Visiting Committee and the Architect to the hospital. They discussed with us matters which are now occupying the serious attention of the Committee and the Medical Superintendent. We were interested to hear of the alternative schemes for the provision of an admission hospital with associated convalescent homes together with a nurses' home. We saw the sites provisionally chosen and the two villas and other premises which will be incorporated in one or other of the schemes adopted. The Committee's final decision will, we hope, soon be conveyed to the Board. We hope, too, that any opinion of ours which may be communicated to the Board on this subject will be of service to the Committee.

Notwithstanding the major importance of these questions we made certain suggestions and recommendations to which, no doubt, the Committee will give their earnest consideration. At the same time we desire to express our appreciation of the various improvements which have been effected since our last visit.

The numbers in residence at the date of this report are 431 men and 421 women, a total of 852. One man and 2 women are now out on leave or trial. The accommodation by day is approved for 398 males and 434 females. Of those in residence 37 men and 16 women are private patients; of the 37 men 26 are service or ex-service patients. Seven men and 11 women are on a voluntary basis; 1 woman is a temporary patient whilst 424 men and 409 women are under certificate. During 1935 the total number of admissions was 115 of whom 9 were admitted on a voluntary basis, 5 (all women) on a temporary basis, and 54 men and 47 women as certified patients.

Since January 1st, 1936, 12 men and 13 women have been admitted on a voluntary basis, 3 men and 2 women as temporary patients, and 43 men and 39 women as certified patients. It is a matter for gratification to note the considerable increase in the numbers of voluntary patients.

The weekly maintenance rate for home patients remains unaltered at 17s. 6d. For the private class the weekly charge per head varies from 28s. to 35s.

The number of male and female nurses employed at the date of this report is 58 and 68 respectively. Of these 8 men and 10 women are registered as charge nurses and 44 men and 52 women as ordinary nurses; 6 men and 6 women are available for duty by night. Analysis of these figures gives a ratio of 1 nurse to 8.3 male, and 1 nurse to 6.8 female, patients, by day. For the night staff the corresponding ratios are 1 to 71 male patients and 1 to 70 female patients. This figure compares with an average rate for all hospitals of approximately 1 to 11 patients by day and 1 to 54 by night. Twenty-five male and 14 female nurses are certificated or registered as mental nurses.

Among the additions and improvements since the last visit the following are some of the most important. A house for the senior assistant medical officer has been completed and is now occupied. In male ward 4 radiators have been fitted in the dressing room and in the galleries of male and female wards 9 the floors have been levelled and linoleum laid. An electric water heater has been fitted in the kitchen of male ward 6. In the viewing room attached to the mortuary heating has been installed and the appearance made attractive by internal painting and the provision of curtains. Two dormitories on the female side as well as in Cumberland House have been adapted for the use of the staff by the erection of temporary cubicles.

We found the wards on the female side generally in good order and we were glad to see so many of the patients occupying themselves at various handicrafts. In this connection we are very glad to learn that the Medical Superintendent is arranging for a number of selected nurses to be given the opportunity of attending evening handicraft classes in the town. We have no doubt that this will result in the introduction of a greater variety of occupations into their wards. We were pleased to observe the use of teapots in the female wards. It would be a boon to many of the female patients in the better wards if an additional number of lockers could be provided for their private use.

Adequate provision appears to be made for the entertainment of the patients generally but we think that much pleasure would be derived by the younger male patients if outdoor winter games could be organized. We trust, too, that in the not too distant future it will be found possible to provide wireless entertainment in the majority of the wards.

We would like to draw the Committee's attention to the state of the paths outside female ward 10; they are in need of repair.

On the male side one would like to see a hand-basin with running hot and cold water in wards where patients are nursed in bed. This recommendation would apply to the male infirmary (ward 7) where there is also a need for internal decoration.

In the dormitories associated with ward 2 and 3 there appears to be need for a more rigid system of bed-linen inspection and for an increase of the supply of sheets. There was to-day a distinct shortage resulting in a departure from the hygienic standards which are generally acceptable and which obtained in the other dormitories which we inspected.

Since the last visit there have been 98 deaths and in 93 of these cases, that is 95 per cent., post-mortem examinations were made. Of the causes of death heart failure was by far the commonest, arterio-sclerosis, too, being responsible for 12 deaths, whilst pneumonia and tuberculosis respectively caused 11 and 10. The incidence of these causes was approximately equal in both sexes. Of 6 patients who died from carcinoma 4 were men. One inquest resulting in an open verdict being returned was held in the case of a female patient who was drowned when on leave.

There have been 10 serious casualties since the last visit the majority being fractures. With one exception all were returned as being due to accidental causes.

Of the epidemic or zymotic diseases since the last visit influenza, erysipelas and scarlet fever were three which affected several patients of both sexes, there being 9, 6 and 4 cases of these respectively.

We are glad to note the absence of intestinal infectious conditions such as dysentery (with the exception of 1 case of para-typhoid fever). It may not be inappropriate in this connection to mention that a sterilizer has been provided (adjacent to the larder) for the treatment of milk cans, and that an additional safeguard is provided by taking samples of milk at least once a month for bacteriological and other investigations by a specialist.

Dr. Madill has to assist him Drs. J. Braithwaite and A. Miller. We are grateful to them for their assistance and particularly to Dr. Madill who despite a temporary indisposition accompanied us throughout the greater portion of our visit.

THE NORTH WALES COUNTIES MENTAL HOSPITAL, DENBIGH.

October 27th, 1936.

In the eighteen months which have elapsed since our colleagues visited, the problem of overcrowding, which was so fully dealt with in their report, has become more acute. In May, 1935, the male side of the hospital had an excess of 73 patients by day and night. The figure to-day is 121. On the female side the figures have risen from 136 to 150 by day and from 139 to 147 by night. At the present time even the new reception hospital is greatly overcrowded. Pool Park, which we visited, is still unoccupied, but by the New Year it is hoped that 70 male patients will be housed there. The relief thus afforded, however, will leave the overcrowding of the main hospital in nearly the same condition as it was when our colleagues last visited.

A scheme is afoot to enlarge the hospital by approximately 250 beds. It will be some years before the new buildings are available, but even on the present figures, and allowing for 70 patients at Pool Park, they provide only a margin of 50 beds.

During the course of this report we will have a number of suggestions to make which, we believe, can be put into effect despite the crowded conditions of the wards. We are impressed by the danger at this hospital that the urgent improvements in the lot of the patients which are called for may be postponed until the new buildings are in being. In this connexion we would point out to the Committee that comparatively few of the practical suggestions made by our colleagues in the last and previous reports have been carried out.

We must not leave the question of overcrowding without mentioning the condition of the isolation hospital. This unit houses 11 males and 14 females who are known to be carriers. The space is quite inadequate for this number and so is the equipment, and in our opinion it is impossible to attain the minimum standard of hygiene in the nursing of these patients. There is no fixed bath on either side and a portable one, which incidentally is in a broken condition and somewhat dangerous, is wheeled from the female to the male side as required. When we saw it, it was filled with clean linen and blankets, the other space for the storage of clothing (which we were informed was temporary) being the top of the kitchen range. On the male side there were 6 chairs for the 11 patients and the night commodes were being used to supplement them.

Generally, we feel that there is need for closer ward supervision, particularly on the female side of the hospital. In only one of the wards in which we enquired could a ward stock sheet be produced. The restricted storage space in the female wards was not used to the best advantage. Large numbers of garments and shoes which were either too old to use or already condemned were taking up much valuable space. Little effort appeared to be made to arrange stocks neatly. In the private ward for women the patients' private underclothing was muddled together in entire confusion. This could be easily remedied by partitioning the shelves and giving one partition to each patient. The cost would be negligible. We were glad to see that several of the male charge nurses were making good use of the storage space in their wards.

The lighting by night of some of the day rooms and sick dormitories is inadequate. For example, the sewing room, although fully illuminated, was so dimly lit that sewing could only be carried on by straining the eyes. The new reception hospital and convalescent villa (female) were also inadequately lit, and both patients and nursing staff spoke of the difficulty of reading or doing knitting or fancy work. Higher powered bulbs regularly renewed are needed.

There are no bed jackets in the male sick wards, and patients in bed on the verandah were yesterday without any covering around their shoulders. In this ward as in others there were no dressing gowns. The dining table cloths were not wide enough to cover the tables in some wards and some of the spoons of so called stainless plate which were also in use should be condemned.

The fitted china wash bowls in many of the old-fashioned washrooms have in course of years got broken and have in all cases been replaced by tin one. These are unsightly and the washrooms might well be modernised by the provision of up-to-date basins.

The wards remain ill-equipped with books, which are seldom changed, and there is no central library. The recommendation of our colleagues that there should be an increase in the number of daily papers taken and that they should be issued to the wards on the day of publication was accepted by the Committee, and we gather it is to be carried out at some time in the future. We are not quite clear as to the reason of the past delay.

At present only 5 wards are provided with wireless. A set in each ward day room is much needed and would be a real boon to the patients. We hope that the talk we have had with the Medical Superintendent and the Clerk and Steward on this point will bear fruit.

Another matter commented on before, and which in our opinion is urgent, is the provision of doors to the water closets on the female side. It is in our view of great importance that a sense of decency and self-respect should be fostered amongst mental patients. We have discussed this point with Dr. Jones, pointing out to him that in the reception hospital, where the majority of suicidal patients are, all water closets are provided with doors.

We were glad to hear of the provision which is made for tea and other refreshments for patients and their friends on visiting days. This is an amenity which is always much appreciated and it will, we hope, lead in the near future to the opening of a canteen for the patients. These are found most successful at other mental hospitals.

In the scheme for enlarging the hospital, plans are being made for workshops and an occupation centre for male patients. Meantime, Dr. Roberts, with the co-operation of the nursing staff, has started occupations of an interesting kind in the male wards, and this work he hopes gradually to extend. There is also a class of physical training, which numbers about 30. The female side is not so well off and we were sorry to learn that at present a female occupation centre is not envisaged. The appointment of an occupation officer is unfortunately not contemplated in the near future.

The wards and day rooms generally were as attractively arranged as the overcrowded conditions permitted. We realize how difficult a problem these large crowded rooms present. Classification is difficult and a certain amount of noise is inevitable. We were, therefore, agreeably surprised that the patients on the whole were so orderly and quiet. Many of the male wards have recently been redecorated and we were pleased to find that so much thought had been given to the colour schemes.

Pool Park is now almost ready for occupation. It has been well-equipped and charmingly decorated. The reception hospital, the new villas and this new unit indicate a marked advance during the last few years in the provision for the mental patients at this hospital.

There were 1,364 patients—681 men and 683 women—in residence to-day. Eight men and eleven women were out on leave or on trial and one male was boarded out under S. 57 of the Lunacy Act, (1890). The total on the statutory

books was therefore 1,384. Eleven men and 9 women were on a voluntary basis and 5 men and 6 women were temporary patients. Eighty-seven men (62 in the service or ex-service class) and 37 women were private patients.

The weekly maintenance charge is 18s. 1d. and for private patients from 21s. to 63s., the average weekly maintenance cost being as low as 17s. 3½d.

Thirty-three men and no women have parole beyond the estate and 27 men and 18 women have parole within the grounds.

The staff of nurses consists of 9 of each sex of charge rank and 69 male and 70 female ordinary nurses. Thirteen males and 9 females are night nurses.

Forty-six men and 26 women are certificated or registered as Mental Nurses and 26 men and 25 women have passed the preliminary examination.

We regret that no steps have been taken to prepare a model dietary as suggested by our colleagues in the last report. Three-weekly dietaries are now prepared by almost all mental hospital authorities. In the absence of a dietary it is difficult to ascertain what kind of meals the patients receive. From our observation of those supplied in the main dining hall and in various wards at the time of our visit and from the records supplied at our request of the patients meals for the past week, we came to the conclusion that the standard of the dietary at this hospital is below that at other mental hospitals. On 3 mornings breakfast consisted simply of bread, butter and coffee. At only 2 of the dinners was a second vegetable given, and a second course of pudding or sweets was also provided only twice. With the exception of the substitution of currant bread on one day the teas throughout the week consisted of bread, butter and tea. One of us tasted the tea supplied to the sick women. It had a bitter, metallic taste and obviously contained tinned milk. For supper the patients have cocoa, bread and cheese. Our enquiries at the stores elicited the fact that green vegetables are supplied on an average of only once weekly and fresh fruit such as apples and oranges only on rare festive occasions. Such a dietary is obviously ill-balanced and lacks variety.

There are clinical rooms at the reception hospital and adjacent to the sick wards in the main building. We thought the furniture and fitting of these rooms somewhat unsuitable. Those in the main building have no supply of hot water. The instruments used for minor surgical operations and the dressings are kept in the drawers of a desk and not in cases specially designed for this purpose. Each clinical room should have a bed or couch for physical examinations. At many hospitals it is now the custom to keep the clinical records in these rooms. We discussed with the Medical Superintendent the folder system of record keeping and we hope this will be introduced, beginning with the reception unit in the near future.

During the last 15 months there has been an exceptionally large number of cases of zymotic diseases at this hospital. In July, 1935, there was an epidemic of dysentery—28 cases occurred, all, with one exception being women. Bacteriological reports attributed the outbreak to the atypical bacillus dysenteriae. Three of these patients died. All cases were segregated, treated with vaccines prepared at the pathological laboratory, and systematic bacteriological examinations were made of each case until it was safe to assume that it was no longer infectious. In all 109 healthy patients in the infected wards were examined and amongst them 9 carriers of this particular organism were discovered. Also in this group 3 carriers of *B. Paratyphosus* were found. Sporadic cases—17 in all—(males 4, females 13) of dysentery (Flexner type) have been diagnosed during the course of the present year, but at the time of our visit there were no active cases. Undoubtedly the careful and painstaking work done in the pathological laboratory has enabled the medical staff to take steps without delay to prevent the spread of infection.

Since last spring there have been 18 cases of scarlet fever—all women—12 of these were nurses. Also 6 cases of diphtheria have been treated at this hospital, two of these being female nurses. We discussed with Dr. Ceinwen Evans the advisability of applying the Schick test to all new admissions and to members of the nursing staff.

The death rate of 1935 was 4·5 per cent. This is definitely lower than the mean rate for all County and County Borough Mental Hospitals, notwithstanding that numbers of elderly patients died last winter. The most striking feature of the mortality statistics is that 54 of the 129 deaths during the period under review were due to pneumonia and 44 of these were women. Inquests were held in 2 cases; in one the verdict was that death was due to misadventure, and in the other to natural causes.

Four patients sustained fractures, each caused accidentally. The well-equipped X Ray Department is a valuable asset and we were impressed by the range and standard of the work accomplished by this department.

At the time of our visit 70 patients were being nursed in bed—a comparatively small number. Only 8 of these were confined to bed solely on account of their mental condition. Good use is being made of the verandahs. The facilities for nursing in the sick wards of the main building are acknowledged to be unsatisfactory, and in the proposed schedule of extensions new units for nursing sick patients are included. But we would urge that, for the remaining period the present wards will be used for nursing sick patients, fixed basins with hot and cold water should be installed. Another hygienic improvement would be the substitution of enamel commodes for the wooden ones now in use which, notwithstanding the pains taken by the nursing staff to ensure cleanliness, cannot be so thoroughly and easily sterilised as those made of enamel.

According to the miscellaneous returns for 1935 there are 173 nurses, 151 for day and 22 for night duties. The proportion of certificated nurses, especially amongst the males, contrasts somewhat unfavourably with the average figures for all County and County Borough Mental Hospitals. We were glad to learn that there is a large group of probationers attending classes who will soon sit for the qualifying examinations.

DERBY COUNTY MENTAL HOSPITAL.

November 25th, 1936.

To-day we have completed our visit to this hospital and believe we have seen all the patients in residence. During our two days' visit fog has persisted, which however has not prevented us from appreciating some of the hospital grounds. All the patients, most of whom were indoors, were particularly quiet and we received few complaints, mostly on the score of detention and some on the grounds that their relatives or friends had not visited them. The relationship between patients and staff is very good and an atmosphere of satisfaction prevails.

According to the statistics placed before us there are on the statutory books, 1,192 patients, of whom 584 are men and 608 women: all these patients were in residence with the exception of 9 certified patients (3 men and 6 women) who are out on long leave or trial; 33 men and 40 women are here on a voluntary basis, while there are 5 men and 8 women here as temporary patients. Among those on the books are:—35 private patients (all of whom are service and ex-service patients); 5 out-county patients.

Overcrowding in this hospital is still on the increase as witnessed by the fact there is a deficiency of accommodation by day for 79 men and 117 women and by night for 110 men and 99 women, compared with a total deficiency for 159 patients by day and 172 patients by night at the visit of our colleagues last year. We discussed with Dr. Hopkins the fact that no patients are boarded out, and although some 11 patients are to be transferred under Section 25, Lunacy Act, 1890, we feel that advantage could be made of Section 57, more especially if a social worker was appointed who would be useful in this respect as well as maintaining contact and understanding, with the homes of the patients' relatives or friends.

Overcrowding will be lessened when the 2 new convalescent villas are completed, which we understand will be about the end of December and still

more so when the 2 new parole villas are finished next Summer. During our visit we noticed that there are still mental defective patients who could be transferred elsewhere if suitable accommodation is found for them.

The advantages of the Mental Treatment Act, 1930, are well appreciated and out-patient clinics are held both at Derby and Chesterfield, while Dr. Hopkins informs us that he is contemplating the opening of additional clinics at Ilkeston and Buxton.

Since the visit of our colleagues last year a new power house has had to be built, while the new model cowsheds have been completed enabling the hospital to have good conditions for maintaining their tuberculin tested herd.

We visited the kitchen where we saw a dinner in the course of preparation and in spite of the difficulties of this kitchen a very good dinner was served to the patients, consisting of meat pie, cabbage, potatoes and milk pudding. We understand that a new kitchen is to be built and consider it will be a need well fulfilled.

In the laundry we discussed with Dr. Hopkins the supervision of the handling of the infected and foul linen and were shown the site which has been cleared for the erection of the new laundry.

We also discussed with Dr. Hopkins the pressing need for different and additional washing and sanitary accommodation to many of the wards as also referred to in the previous report, and were pleased to know that plans were in course of preparation for building of the 4 spurs to wards 3 and 4 of both sides.

Classes for physical training are held twice a week for the male patients as also for the female patients, while football has just been started for the men patients and it is expected to play some "away" matches after Christmas. There is a dance in the recreation hall every week in addition to a concert or "Talkie" programme which is interposed.

Many of the wards have wireless and are clean and bright with the exception of a few which are due for repainting. Some new armchairs have been introduced and we understand many more are to be provided which will be appreciated by the patients.

The patients in each ward are supplied with 20 books a month, but it would be an additional advantage if a system were started whereby the books could be changed more frequently and a larger selection was to hand in each ward, in addition to patients being able to choose their own at a centre.

There is no actual occupation centre except in the wards where the male patients do carpentry and rug making while the women do sewing and also rug making. A large number of patients are employed usefully, but there is still further scope for the development of occupation therapy in the case of those patients who are as yet not active or interested.

The garden of the reception hospital is about to be enlarged, while the airing courts have some flower beds very attractively interposed which give very good immediate surrounding to the hospital itself.

We understand that there is a shortage of women nurses and the present staff of nurses (men and women) is as follows :—

							Men.	Women.	Total.
Charge	...	...	...	...	...	...	12	13	25
Ordinary	...	...	...	...	...	...	53	58	111
Night	...	...	...	...	...	...	13	15	28
Nurses (M. or W.) certificated or registered as									
Mental Nurses	...	...	...	...	...	...	53	36	89
Number who have passed Preliminary examination only									
	...	...	...	...	...	...	8	23	31

The mortality rate for 1935 was 8·7, which is higher than the figures of 6·8 for all mental hospitals over the same period.

Since last visit just over a year ago there have been 98 deaths, post mortem examinations having been carried out in 58.

Tuberculosis was responsible for 5 deaths. There are at present under treatment for this illness only 2 patients, one of each sex. The following figures are of interest.

	New Cases notified (per 1,000 population).	Deaths (per 1,000 population).
All mental hospitals	6.3	4.6
Derby County Mental Hospital ...	6.1	7.0

Too much stress cannot be laid upon such figures, which may fluctuate from year to year, but the fact that in this hospital the number of deaths for 1935 was in excess of the number of new cases notified and also that the number of deaths since the last visit is more than twice the number of cases under treatment is noticeable. This may mean either that the incidence of tuberculosis is actually falling very rapidly or that further investigation, such as would be possible with a good X-ray apparatus or an active laboratory in the hospital, might reveal cases not now showing symptoms.

General Paralysis of the Insane was the cause of death of 1 female and 6 male patients. Patients of both sexes are now undergoing treatment by malaria and tryparsamide for this disorder.

Other principal causes of death were maniacal and melancholic exhaustion 5, epilepsy 7, pneumonia 10, senile decay 19. An inquest was held on a patient who was drowned; she was at the time regarded as free from suicidal intentions. The circumstances were reported to our Board.

Since the last visit 5 patients have sustained fractures, 2 being accidental, and 3 being due to the patients concerned having been pushed down or struck by another. Overcrowding is probably a contributory factor in the cause of incidents of this kind.

The hospital has been entirely free from epidemic illness since the last visit.

The patients have, in our opinion, good medical supervision, and those in bed during our visit were well nursed and cared for. We were interested to see the notes written by members of the nursing staff on their patients. The medical case record in use allows only a few lines for the personal history of the patient, though a history form is supplied for use by relatives, and further record of the history as given by the patient to the medical officer would be of value in many cases.

We understand that the laboratory is shortly to be put into use. The value of facilities for making simple investigations and carrying out routine work in the Hospital itself is considerable, and at any time the need may arise for prompt examination in cases of epidemic illness or for special investigation or research done if necessary in consultation with pathologists elsewhere. We discussed this matter with Dr. Hopkins and were glad to hear of his wish to make the laboratory work really practical and effective. The need for an X-ray apparatus has been mentioned.

We have also discussed with Dr. Hopkins some points in improving facilities for the care of clothing; we hope it will be possible to devise means to improve the fit and tidiness of some of the dresses of the women patients. We are glad to know that a useful type of locker is to be made here and in time provided for all wards and for the reception hospital. At present, even in the latter, the clothing is still kept in bundles at night. We realise the difficult task of those who have to care for the more destructive and untidy patients, and feel that anything is worth while which can be done to simplify this work and to encourage the patients in self-respect and in taking an interest in their own appearance. In this connection we would recommend for the consideration of the committee the desirability of providing hair dressing facilities for patients of both sexes.

This has been done in some hospitals elsewhere at little expense.

In the course of our visit we spoke to two patients who were anxious for transfer to other districts. Neither is regarded as fit for other than mental

hospital care, but it is sometimes possible to arrange for an exchange of patients between two hospitals in such circumstances, and we would suggest that enquiry might be made into such a possibility for these patients.

We wish to thank Dr. Hopkins and his assistant medical officers, Dr. Pentreath, Dr. Norton, Dr. Nolan and Dr. Johnson who assisted and helped us throughout our inspection.

DEVON MENTAL HOSPITAL.

October 29th, 1936.

We have to-day paid on behalf of our Board the first visit to this hospital since the retirement in July last of Dr. Eager, who was for so many years the Medical Superintendent. We should therefore like to take this opportunity of wishing Dr. Eager many happy years of retirement and of congratulating Dr. C. F. Bainbridge, formerly Deputy Medical Superintendent here, upon his appointment as Medical Superintendent.

There are to-day 1,453 patients (559 M. and 894 F.) resident in the hospital, of whom 133 (57 M. and 76 F.) are voluntary patients, 3 females are temporary patients and the remainder are detained under certificate.

It is disappointing to find so few temporary patients in residence, and when it is remembered that during the whole of 1935 only 9 temporary patients in all were received into the hospital it seems clear that in this county the general medical practitioners are for the most part ignorant of the benefits conferred by Section 5 of the Mental Treatment Act, 1930. We hope that some effort will be made to bring again to the notice of medical practitioners and relieving officers in the area served by the hospital the provisions of Section 5 of the Act.

With regard to voluntary patients on the other hand, the figures are much more satisfactory, and during 1935 out of a total of 305 admissions (128 M. and 177 F.) no less than 88 (41 M. and 47 F.) were admitted as voluntary patients.

During the same period, *i.e.* during 1935, there were

				Voluntary.		Temporary.		Certified.	
				M.	F.	M.	F.	M.	F.
Departures or discharges	...	...	...	61	74	2	3	24	32
Deaths	...	...	...	4	5	—	—	42	54

During our tour of the wards we were struck by the very generous supply of plants in pots and by their healthy condition. They greatly added to the attractive appearance of the dayrooms, but, on the other hand, by their brightness, they made even more evident the fact that almost throughout the hospital much redecoration is long overdue. At present, however, the electric wiring is being renewed throughout and we understand that redecoration is wisely being deferred until this work is complete. In part of the female block, however, where the rewiring has been finished, redecoration has been carried out with excellent results. We noticed in many of the wards that a somewhat thin and flimsy pattern of mat is in use on the floors. These are slippery, and in our opinion actually dangerous, and it may be that some of the casualties involving fractures which have taken place in the hospital are due to their use. Rugs made on the premises of wool with a non-slip backing might with advantage be substituted. They would not only be very much safer, but they would enhance the appearance of the wards.

We observed also that in general long tables and long backless benches are provided in the dining halls and wards for the use of patients, and we much hope that before long it will be found possible to substitute for these small tables and chairs such as are now generally found in modern mental hospitals.

The patients' dietary is good and well varied and to-day we saw being served an excellent dinner consisting of meat pudding, greens and turnips, with rice pudding and treacle as a second course. From the dietary shown to us, however, it seems that the breakfasts might with advantage be varied more, and we should like to see a regular weekly supply of fresh fruit.

In the course of our visit we saw, we believe, all the patients in residence, and we had conversations with many of them. Apart from the usual appeals for liberty we received very few complaints and the patients were neatly dressed, quiet and orderly.

Very few patients here are without occupation of some kind, most of the work being done in the wards. There are however cabinet making and French polishing shops, weaving rooms, a rubber and coir mat shop, a basket and brush shop and a printer's shop, as well as two sewing rooms for the making and repair of garments. Many excellent articles in great variety are made and we were both glad and interested to see that in each ward a list of patients, with their occupations, is kept, and that occupations are in fact prescribed for each patient in accordance with his or her needs. Physical training flourishes on both sides of the hospital and we were not surprised to hear that much benefit is derived from it. Some of the female patients work in the gardens successfully. The recreational side of hospital life is very well catered for. In most of the wards wireless sets are provided, though a few more sets, preferably of the portable type are needed—for example the Farm ward on the male side has no set—and each patient who is well enough attends a talking picture performance each week in the Recreation Hall. Here also dances and concerts are held weekly with the assistance of the Staff Band. There are 4 male football teams and on the female side basket ball is played. At the Farm ward there is a bowling green.

We found the laundry generally in very good order, but we are sure that a steam press would be found to be a valuable acquisition, and would in a very short time pay for itself by prolonging the life of much of the male clothing. In the Kitchen a new oven is being constructed, while other constructional work in progress includes extensions to the Laboratory and to the Matron's quarters, a new vegetable shed adjoining the Kitchen, extension of the solarium at the Male Infirmary and new buildings at the farm.

Male ward 5, which has in the past been the object of severe comment by our colleagues, remains as it was, but we were glad to hear that the Committee are definitely to consider the whole question early next year.

Since the last visit a new sink and sluice room, well equipped, has been completed at the male infirmary.

The canteen, though too small for a hospital the size of Exminster, carries a large and varied stock and does a thriving trade. We were particularly glad to note that a good selection of cosmetics and toilet articles is kept, including face powders and lipstick, and in this connection we were interested but not surprised to hear that the use of cosmetics of this nature has proved very beneficial in the case of many female patients suffering from melancholia. In addition to the canteen there are numerous automatic 1d., 6d. and 1s. in the slot machines where such things as cigarettes and tobacco, chocolates and fruit can be obtained. We may add that the better workers among the patients are given a trifling money allowance weekly which is greatly appreciated by them.

The general health of the patients has been very good. The death rate for the year ending December 31st, 1935, was 7·7 per cent. (M. 8·5 per cent., F. 7·2 per cent.) while since last visit the number of deaths has been 92 (M. 35 F. 57). In 66 of these cases a post-mortem examination was held. The chief causes of death were heart disease (23), pneumonia (20), senile decay (14), and tuberculosis (9). Four inquests were held, three in the cases of patients dying after accidental falls and the fourth in the case of a patient dying from shock following self-administered poison. Full reports of these inquests have been already sent to our Board.

The hospital has been free from influenza and enteric fever. There have been 2 cases of dysentery and 3 of erysipelas, all now recovered. At present there are 18 patients (M. 10, F. 8), suffering from tuberculosis in active form. The majority of these are receiving open-air verandah treatment.

At the time of our visit there were 62 M. and 73 F. patients in bed. This represents just over 9 per cent. of the patients in residence. All appeared comfortable and in receipt of adequate nursing and skilled medical attention.

Since last visit there have been 24 serious but non-fatal accidents. Three of these involved dislocations and the remaining 21 cases fractures. Fourteen cases were due to accidental falls, 7 were caused by other patients and in the remaining 3 cases the causes were unknown.

The present nursing staff consists of :—

								Male.	Female.
Charge nurses	...	...	...	...	...	...	...	13	22
Ordinary nurses	...	...	...	...	...	...	...	60	71
Night nurses	...	...	...	...	...	...	...	12	29

Of these, 43 M. and 37 F. are certificated or registered as mental nurses and, in addition, 7 M. and 14 F. have passed the preliminary examination.

Three women are employed as nurses on the male side.

We should like to thank Dr. Bainbridge, the Medical Superintendent, and Dr. Greenwood-Penny, the Deputy Medical Superintendent, for the assistance which they have given to us.

DORSET MENTAL HOSPITAL.

February 14th, 1936.

To-day we finished our annual visit, which we commenced yesterday afternoon, on behalf of our Board.

Dr. Bedford accompanied us on our round, as well as the medical officers of the different divisions.

We first visited Herrison House and saw all the patients in residence, all were very quiet and appeared contented. The house was in very good order, nicely decorated, and comfortably warm, though it was a very cold day. We spoke to many of the patients and gave anyone who wished the opportunity of speaking to us. Only two patients asked for private interviews, which were granted. Then we visited the main block and went to the female side, the patients here were quiet, contented and suitably dressed. We had few requests except regarding detention. The wards were neat and tidy, and well provided with flowering plants which produced a pleasing effect. In several places we noticed that the wall-paper was peeling off, apparently due to some constituent in the plaster, this we were told would be dealt with before long. This morning we visited the male side which is the older portion of the building, and we should like to suggest that the question of re-decoration of some of the wards should be considered by the Committee.

The male patients were quiet and orderly, and we had few requests except regarding detention. We think that if the men's trousers were pressed it would smarten their general appearance.

The kitchen was in good order, as well as the laundry. In the latter we thought that a basin should be fitted in which those employed in the foul linen section should wash their hands prior to going to meals, or returning to their wards.

From statistics supplied to us we learn that during 1935 there were :—

	Voluntary.		Temporary.		Certified.		Total.		
	M.	F.	M.	F.	M.	F.	M.	F.	T.
Direct admissions ...	17	33	5	7	63	67	85	107	192
Admitted on transfer ...	—	—	—	—	4	4	4	4	8
Departed or discharged ...	16	29	1	2	30	44	47	75	122
(a) Recovered ...	3	9	—	—	21	27	24	36	60
(b) Dealt with under Sec. 25, L.A. 1890 ...	—	—	—	—	—	1	—	1	1
Transferred to other Statutory care ...	—	—	—	—	3	4	3	4	7
Allowed out on long leave or trial ...	—	—	—	—	28	58	28	58	86
Number to whom granted money allowance ...	—	—	—	—	11	7	11	7	18
Died ...	1	1	6	2	31	38	38	41	79
Now on the statutory books ...	17	20	—	2	378	469	395	491	886
Of whom—									
(a) Private ...	1	6	—	1	72	82	73	89	162
(b) Service and Ex-service	—	—	—	—	19	—	19	—	19
(c) Out-County cases ...	—	—	—	—	19	7	19	7	26
On long leave or trial...	—	1	—	—	3	2	3	3	6
In residence ...	17	19	—	2	375	467	392	488	880

Of the out-County patients 15 are chargeable to Berkshire and the remainder to six other authorities.

The weekly maintenance charge per patient is 2ls. 7d. and for private patients from 35s., whilst the average weekly maintenance cost as last ascertained was 21s. 4.5d.

At present there is excess accommodation by day for 152 males and 148 females, and by night for 75 males and 76 females.

Parole is freely granted to the patients, and 197 men and 97 women enjoy this privilege beyond the estate whilst 24 women are allowed it within the grounds. Two wards on the male side are open to the grounds and a similar number on the female side to a garden in the main block. One ward at Herri-son House is open to the garden.

Occupational therapy continues to make progress but in going round the wards we saw a large number of patients, especially on the male side, who we think might be employed in some form of handicraft work.

The mortality rate for the year ending December 31st, 1935, was 9 per cent. (M., 9.7; F., 8.4).

Since the last visit there have been 79 deaths (M., 39; F., 40), followed in 37 cases by post-mortem examination. The chief causes of the deaths were heart disease 26, pneumonia 18, and organic brain disease 10.

One inquest was held on a patient who was on leave, the particulars of which have been reported to our Board.

During last April and May there was an outbreak of influenza affecting 44 patients and 6 of the staff, all of whom recovered satisfactorily.

Dysentery continues to be a serious problem in this hospital. Isolated cases occurred throughout the year and last month 7 cases occurred in one female ward. Detailed laboratory investigations are carried out on all contacts and suspected cases and all likely sources of infection are constantly explored.

There have also been 4 cases of enteric fever, all female patients. The disease was of a mild type.

There are two active cases of tuberculosis.

We found 71 patients (M., 23; F., 48) in bed, mainly for chronic physical debility. All appeared to be in receipt of good nursing and medical attention.

The mattresses are made of very inflammable material and we suggested to Dr. Bedford a means of treatment by which the inflammability would be reduced.

There have been 5 serious but non-fatal accidents since the last visit, 3 of these were simple fractures due to accidental falls, the other 2 were due to patients being pushed down by other patients and receiving injuries not amounting to fractures.

The present nursing staff is made up as follows :—

							Male.	Female.	Total.
Charge	...	...	...	...	...	...	8	12	20
Ordinary	...	...	...	...	...	...	45	72	117
Night	...	...	...	...	...	...	10	13	23
Women nurses employed on male side	...	...	...	...	...	...	—	2	2
Nurses certificated or registered	...	...	...	...	...	...	47	33	80
Number who have passed preliminary only	...	...	...	...	...	...	5	16	21

Since last visit two farm cottages have been completed, and a refrigerator in the stores. Two external fire-escape staircases have also been completed.

Our thanks are due to Dr. Bedford for in every way facilitating arrangements for our visit and to his medical staff for much useful information about the patients.

DURHAM COUNTY MENTAL HOSPITAL.

March 17th, 1936.

We have to-day concluded our two-day visit to this hospital, and we have been very interested and pleased to see the great number of alterations and improvements which have been made here since the visit of our colleagues last year. While we shall refer more particularly to these matters later in the course of this entry, we should like at the outset to congratulate Dr. Wilson the Medical Superintendent, and the Committee on the real progress which has been made.

There are to-day on the books of the hospital 1,685 patients, 864 male, and 821 female, of which 26 patients (13 male and 13 female) are voluntary, and 2, both female, are temporary patients. The proportion of voluntary and temporary patients is still very low, but we are glad to observe that these proportions are improving, a fact which is illustrated by the admission figures for 1935.

During 1935.	Voluntary.		Temporary.		Certified.		Total.		
	M.	F.	M.	F.	M.	F.	M.	F.	T.
Direct admissions	24	16	3	14	137	132	326
Admitted on transfer	—	—	—	—	7	5	12
Departed or discharged (excl. transfer)	10	12	1	3	84	79	189
Of whom—									
(a) had recovered	3	—	1	2	28	48	82
(b) dealt with under S. 25 (L.A. 1890)	—	—	—	—	31	1	32
Transferred to other statutory care	—	—	—	1	2	3	6
Allowed out on long leave or trial	—	—	1	1	20	31	53
Died	2	1	1	2	107	78	191

The weekly maintenance charge for rate-aided patients is 25s. 1d., while that for private patients varies from 28s. to 42s.

One female ward at Winterton is open to the grounds, as are both male and female reception hospitals and the isolation hospital, while 83 males and 29 females have parole beyond the estate, and 69 males and 37 females enjoy this privilege within the grounds.

As has already been stated, many alterations and improvements have been made during the last year, others are still being made, and still more are in contemplation for the near future. At Winterton, the old kitchens and larders have been converted into an excellent general bath-room, with dressing-rooms, the baths in the bath-room being screened by light wooden partitions. At Winterton also wireless is being installed and this is expected to be working in the course of the next week or two. Additional heating and lighting has been provided in the dining hall here, which has also been redecorated.

It is appropriate to state at this point that a great deal of redecoration has been carried out in the wards throughout the hospital, and there is a generous supply of well-grown and attractive pot-plants together with vases of such seasonable cut flowers as daffodils and narcissi. In all the wards there are small pottery bowls planted with tulips, which will make a brave show during the coming weeks.

At the isolation hospital alterations have been made to provide an adequate system of sewage disposal.

In the main building a new fire escape and staircase has been erected outside male wards 13 and 17.

Of the works now in progress, an important improvement will be the construction of a new block to contain messrooms and committee rooms, a new super-boiler is being installed, while the paths and roadways throughout the grounds are being re-conditioned. Works in contemplation include new lavatory accommodation for the main building kitchen, renewal of kitchen equipment, and alterations to the day room of No. 2 male ward.

While there is still much scope for extension of occupational therapy throughout the hospital, a great deal of progress has been made during the last 12 months, and Dr. Wilson hopes to utilise some of the accommodation at Winterton (made available by the construction of the new general bath-room) for this purpose. Both Dr. Wilson and Mr. M. Duddin, the Chairman of the Committee, whom we were fortunate enough to meet yesterday and with whom we discussed many matters of interest, are enthusiastic believers in occupational therapy, and we hope and believe that their enthusiasm will be transmitted to the nursing staffs, without whose hearty co-operation, little progress can be made. So much improvement has been made since the visit of our colleagues last year that we feel sure that occupational therapy has a great future in this hospital.

A large number of male patients—372 at the time of our visit—are employed at the farms, about the grounds, and in the various shops, and many of the female patients find occupation in the kitchen, the laundry, and the sewing room.

We saw physical training classes for both male and female patients being conducted, those participating being clad in neat uniforms—these classes are most beneficial, and are clearly much enjoyed. Some of the male patients belonging to the physical training class play badminton, and this morning four of them gave us a demonstration.

The patients' entertainments and recreations are well catered for. Yesterday a team of male patients was playing a football match against a team of patients from another mental hospital. We understand that a good deal of football is played, while in summer patients' cricket matches are arranged. In the recreation hall mixed dances take place weekly, concerts are frequently held, and every patient who is well enough to appreciate the entertainment, goes to a talking picture show in the hall each fortnight. In the summer patients are taken for excursions to the seaside. The patients are very well and neatly dressed, and the new patterns adopted for women's clothing are modern and attractive in design and colour. We do not doubt that in maintaining the good appearance of much of the men's clothing and of the overcoats in use, the two new steam presses installed in the laundry have proved most useful. In some of the wards coat hangers are in use, and it is hoped similarly to equip many of the remainder.

We believe that we saw all the patients at present on the books of the hospital, and we spoke to many of them. Six patients asked for and received private interviews. We received no complaints, except on the score of detention, and many patients expressed their gratitude for all that was being done for them. The wards are well supplied with games, and with newspapers, magazines and books, and in this connection we were both pleased and interested to hear that supplies of books are now received regularly from the Public Library at Darlington. Yesterday we saw 233 male patients enjoying their mid-day meal in the central dining hall, some of the female patients having previously dined there. The meals for the remaining patients are served in the wards and we noted that a new type of bread-basket is now in use throughout the hospital.

The present nursing staff comprises :—

						Male.	Female.	Total.
Charge nurses	...	...	...	...	...	29	33	62
Ordinary nurses	...	...	...	...	...	141	130	271
Night nurses	...	...	...	...	...	24	7	31

Ninety male and 45 female nurses are certificated or registered as mental nurses, and 62 men and 42 women have passed the preliminary examination.

There have been no changes since last year so far as the officers are concerned, the medical staff remains unaltered.

The general health of the patients since last visit has been good. There have been 111 cases of influenza, 71 amongst the patients and 40 amongst the staff, but only 1 patient died. The disease was never epidemic, the cases being scattered practically over the whole year. In June there was 1 male case of dysentery who died, the source of infection could not be traced. Thirteen patients, 3 male and 10 female, as well as 4 of the female staff, suffered from scarlet fever, from which one patient died. The occurrence of this disease necessitated the opening and staffing of the isolation block. In December, one of the staff suffered from diphtheria, and at our visit there were 3 female patients suffering from this disease. These cases were being treated in the female admission block. Careful isolation was being carried out as well as swabbing of contacts to discover possible carriers. We are satisfied that every precaution is being taken to prevent the spread of this disease.

Tuberculosis cases number 30, 16 males and 14 females; the majority of these cases are of the pulmonary type and very thorough fresh air treatment, with extra dieting, etc., is being carried out.

The mortality rate for the year ending December 31st, 1935, is 11.1 per cent. (12.5 male and 9.6 female), which is much higher than 6.8 per cent., the average for all mental hospitals in England and Wales. It is interesting to note that of the 205 deaths, 110 males and 95 females, Dr. Wilson points out that "of the 110 male deaths, 41 were either over 65 years of age, or died within one month of admission, and the same proportion occurs on the female side. Many cases were admitted in a hopeless mental and physical condition." In 125 cases post-mortem examinations were held. The main causes of death were pneumonia 55, heart disease 53, senile decay 20, tuberculosis 16, and 3 patients died of malignant disease. We were pleased to note the small number of patients in bed, 131 (74 males and 57 females), and most of these were there for physical reasons. The bed cases showed evidence of careful nursing and attention, and all those on verandahs, both male and female side, were comfortable and warm. Ward hot-water bottles are supplied to these patients when necessary, but most of them said they did not require them.

Three inquests were held since last visit, and in two the accident occurred prior to admission. Full particulars of these cases have been reported to our Board.

During the same period 20 serious but non-fatal accidents occurred 19 being fractures and 1 a wound of the tongue. Of these, 2 occurred during a fit, 3 were caused by other patients, and the remainder were due to accidental causes.

Good work continues to be done in the radiological and pathological laboratory departments.

An out-patient clinic is held weekly by the Medical Superintendent, Dr. Wilson, at Green Bank Hospital, Darlington, and he hopes to start another in Durham very shortly. We understand that the clinic at Darlington is much appreciated by the medical profession in that area.

Dr. Wilson accompanied us throughout our tour of the hospital, and to him, to Dr. F. D. MacGilp, the deputy Medical Superintendent, and to the other medical officers, we should like to tender our thanks for the arrangements made for us.

ESSEX AND COLCHESTER MENTAL HOSPITALS.—1. BRENTWOOD.

August 20th, 1936.

During the past three days we have visited the various buildings of this hospital, the most recent of which, the reception unit, was opened some two months ago. It contains 50 beds for men and 55 for women, in pleasant buildings with good open-air accommodation. Between them is a central administrative section where treatment rooms and a laboratory are provided. A modern X-ray apparatus has been installed and we saw some admirable films taken by a member of the staff. There is also apparatus for both ultra-violet and infra-red radiation as well as for hydro-therapy. This new unit at present contains 88 patients.

There are comfortable and attractive quarters for convalescent men in Garden Villa and for women in Rose Villa.

The former isolation hospital has been adapted for elderly and infirm men who are able to enjoy the use of this little garden.

Whilst the quarters in the older buildings afford a certain measure of comfort, there are some features which give us anxiety. Some of these are mentioned in the paragraph below on the hygienic aspects but we would here draw attention to the sanitary annexes of Wards F.1, 7 and 5, M.4, 5 and 9 and of the wards on the floors above them. The w.cs and the ward scullery are adjacent and some of the sculleries are particularly dark and inadequate. These annexes contain four w.cs for the patients and one for the staff. We understand that in some of the wards the number exceeds 70 patients. One patient informed us that she used the same brush for the floors of the w.cs and the scullery, and for the shelves of the latter. The ablution facilities in these wards are very scanty; although jugs and basins are provided in certain single rooms and dormitories, few of these appear to be used, owing perhaps to the trouble involved in bringing the necessary water, and use would appear to be made mainly of the three fixed basins in the small bathroom by some 50 or more patients.

It appears to us that nothing less than the enlarging and remodelling of these annexes, with separation of the approaches to the sculleries and the w.cs, will afford hygienic security. The sanitary conveniences in the gardens of the original building are peculiar structures which should also receive attention. New lavatory accommodation has been provided in the men's blocks A, B and C.

We are glad to see redecoration has been commenced in D block and that the modernisation of the windows has largely been completed. The numerous other alterations and improvements which have been completed since the last visit include (1) a new domestic hot water supply for the main building with a new calorifier house, (2) the reconstruction of the dispensary, where, however, the new service doors are each large enough to allow a person to gain admission into the dispensary, (3) the erection of 10 staff cottages and the

adaption of the house "Bradbourne" as a residence for a medical officer and the purchase and renovation of a cottage adjacent to the reception hospital gates, (4) the erection of a sports pavilion and the laying down of a new bowling green.

The accommodation of the hospital is returned as :—

							Male.	Female.	Total.
By day	...	...	...	...	...	...	686	1,226	1,912
By night	...	...	...	...	...	...	853	1,170	2,023

In terms of the patients now on the statutory books there are 37 male and 27 female vacancies by night and 83 female vacancies by day, but a deficiency of day space for 130 men. Notwithstanding the vacancies in certain parts of the hospital, some wards, for instance M.9, have more beds than the space allows. The area figures however are not available in the wards. At present 6 women and 1 man are away on long leave or trial, and 814 men and 1,137 women are in residence. These numbers are composed thus :

							Male.	Female.	Total.
Voluntary	...	...	...	...	...	...	44	74	118
Temporary	...	...	...	...	...	...	7	12	19
Certified	...	...	...	...	...	...	763	1,051	1,814

A comparison of admissions in previous years shows the recent advance that has been made in this area in utilizing the provisions of the Mental Treatment Act :—

								Voluntary.	Temporary.
1935	...	...	...	...	...	...	...	157	39
1934	...	...	...	...	...	...	...	39	6
1933	...	...	...	...	...	...	...	23	1
1932	...	...	...	...	...	...	...	14	1

A weekly clinic is conducted by Dr. Masefield in Romford, and a fortnightly session in Orsett and Woodford.

We had conversations with a considerable number of patients and have had opportunities of observing the personal consideration that is given them, and the kindly relations that exist between the patients and those in whose care they are placed. The patients' demeanour generally was very orderly. Parole within the estate is enjoyed by as many as 163 men and 158 women and beyond the estate by 47 men and 26 women. Nine wards or villas are administered on the open-door principle.

The death rate for the year 1935 was 71 per thousand for males and 37 for females, or 52 for both sexes. The number of deaths since the last visit is 91 and post-mortem examinations have been performed in 74 cases (81 per cent.), a highly satisfactory proportion. Amongst the causes of death are tuberculosis 12, pneumonia 19, cardio-vascular degeneration 14 and dysentery 2. During the period under review 9 serious but non-fatal casualties occurred. These were all cases of fracture or dislocation of bones and all appear to have been accidentally sustained. Since the last visit two male cases of erysipelas occurred and between February and June, 1936, 22 male and 8 female, a total of 30 cases of dysentery. There were also 9 male and 3 female, a total of 12 fresh cases of tuberculosis, of whom 3 males and 1 female were suffering from the disease when admitted. At the present time, with the exception of 17 cases of tuberculosis, (9 M. and 8 F.), the hospital is considered to be free from infectious disease. In the hospital, however, 187 cases are recorded on caution cards as past sufferers from dysentery, and the majority of them are isolated to some extent on each side in special male and female wards. Eight patients are similarly on cards on account of former attacks of enteric fever, and 36

as actual or potential cases of tuberculosis. No means is provided for distinguishing between the 17 actual sufferers from tuberculosis and the remaining potential cases; and in fact the whole of the 231 cases on special caution cards are regarded as possible sources of infection rather than as actual sources of danger. We feel, if it were possible greatly to reduce the number of caution cards as the result of a careful clinico-bacteriological review of each patient, that strict isolation, with all the necessary precautions of those requiring to remain on cards, would focus the attention of the nursing staff on them and thereby decrease the risk of such small outbursts of dysentery, etc., as have occurred in this hospital for several years. We stress this detail as in many respects the hygienic precautions which are normally being taken leave much to be desired. Ward M.9, for example, in which 72 female cases on intestinal caution cards are isolated contains three wooden commodes which we cannot regard as safe. In the corresponding ward, No. 4 on the male side, the bath in which bed or dirty patients are, when necessary, bathed is situated in a store-room, in which hang personal clothes of the staff, and which contains also case-sheets, the medicine cupboards, stores, and the bath brushes which accompany patients to the general bath room for bathing. The last is an instance of relaxation of segregation which is also broken for the organized amusements and for divine services. These are examples of defects which probably only need mention in order that means of improvement may be supplied. On the other hand, a number of structural defects, which we noticed during our visit and which occur in many old hospitals, will no doubt in due course receive amelioration. We refer to numbers of worn w.c. pans which are difficult or impossible to keep clean, defects in the ventilation, etc., of certain wards, for example the Church dormitory, particularly the upper floor, the dormitory of ward 10, and parts of male ward 2, and the entirely unhygienic condition, which we have already referred to, of the combined scullery-lavatory-bathrooms contained in thirteen wards of the original buildings.

The scheme of occupation of patients was referred to in the previous entry. This beneficent activity continues and we are confident there is considerable scope for its extension. At present the systematic training of nurses in handicrafts seems to be limited on the female side to four a year, as only one nurse attends the central rooms at a time for this purpose and remains three months. We are glad to hear of the proposal to erect a special building for the men's handicrafts.

We inspected the two pathological laboratories and are pleased to note the high standard of work done in them. We feel sure that the practical application of the results of the careful bacteriological studies conducted there will do much to keep the hospital free from infectious disease.

The present staff of nurses is adequate and the number on duty on the night before our visit commenced (M. 16 and F. 21) is quite satisfactory. Of the 346 nurses, including sub-officers, 172 are certificated as mental nurses.

The average weekly cost of maintenance is 23s. 10d. and the weekly charge for home patients is 22s. 2d. and for service patients 25s. 11d.

We regret we had not the opportunity of meeting Dr. Masefield who is away on leave. In his absence Dr. Power and his colleagues have given us every assistance and rendered our visit very interesting and agreeable.

ESSEX AND COLCHESTER MENTAL HOSPITALS.—2. SEVERALLS, COLCHESTER.

January 9th, 1936.

The visit which we have paid during the past two days to this hospital has been a most interesting one. The progressive and up-to-date administration, the skilled medical and nursing care and the excellent modern buildings and equipment combine to make the hospital an almost ideal one for the treatment of mental disorders.

The chief problem of the institution is overcrowding. The numbers are increasing not only from year to year but even from month to month.

There is a shortage of day accommodation of 113 on the male and 195 on the female side and by night of 116 males and 54 females. Plans have been approved and work is shortly to be started in the erection of 2 temporary buildings to house 50 patients of each sex, but the most helpful decrease in number will come only when the out-county patients from Southend and East Ham are removed to the new Mental Hospital at Runwell which is in course of erection. We have suggested to Dr. Turnbull that the possibility of boarding out suitable patients under Section 57 of the Lunacy Act, 1890, might be considered. Although the numbers of such patients could only be small, we feel that in the condition of overcrowding which exists, every bed is an important matter.

We were glad to find that following on the recommendation made by our colleagues at their last visit that the Visiting Committee have increased the number of medical officers by one. We are sure that this enlargement of the medical staff will be most beneficial.

The number of patients in residence to-day was 2,224—918 men and 1,306 women. Of these 68 were voluntary and 38 were temporary patients. During 1935 there were 487 direct admissions, of these 108 were on a voluntary and 60 on a temporary basis; 319 were received under certificates. We consider the number of patients treated under the provisions of the Mental Treatment Act, 1930, most satisfactory and we are glad that Dr. Turnbull's efforts to make the Act known throughout the area served by the hospital have had such good results.

In addition to the patients in residence 5 men and 7 women are out on leave or on trial, and the total number on the statutory books is 2,236.

Ninety-three males (63 in the service or ex-service class) and 78 females rank as private patients.

The weekly maintenance charge for rate-aided patients is 22s. 2d. and for private patients from 30s. to 78s. 6d. per week. The average weekly maintenance cost is 22s. 4d.

Three male and 2 female wards or villas are administered upon the open door principle to the grounds and 5 male and 2 female wards or villas to the gardens. One male and 34 females have parole beyond the estate and 287 males and 301 females have parole within the grounds.

We saw all patients in residence and spoke to a great many of them. Three private interviews were given. Few complaints were made—one regarding the fact that there is no ration of tobacco for elderly male patients who are past doing work we discussed with Dr. Turnbull—and we have found that nearly all patients were contented and in many cases most appreciative of all that is being done for them.

We were particularly pleased with the clothing of patients on both sides of the hospital. The neatness of the male clothing and the variety of dress amongst the women were alike noteworthy.

The wards are comfortable and unusually well furnished and structurally in an excellent state of repair and decoration. We would like to see the system which exists in some ward cloak-rooms of rods and coat-hangers for storing outdoor clothing extended throughout the hospital. Many of the day-rooms were well furnished with flowers which at this time of the year is particularly praiseworthy. We noticed that some wards with a large number of patients were provided with only two daily newspapers. We would like to see this number increased and such papers as *Pearson's Weekly*, *Tit-bits* and *Answers* added to the list of weekly papers circulated in the wards.

The provision of a hairdressing saloon on the female side is envisaged. If it proves successful a similar development on the male side may follow. We welcome this experiment as we feel confident of the importance of encouraging patients to take a pride in their personal appearance.

Great importance is attached at this hospital to the recreational life of the patients. Since the last visit the number of wireless sets has been

increased and now every day room is provided with wireless. We were interested to witness part of a rehearsal of a play with music which was entirely carried on by patients under the supervision of one of the occupational instructors. Physical drill is also proving its value and classes have, we understand, been gradually increasing in number; we feel sure there is scope here for further development and we would also like to see organized games started on both sides of the hospital.

Whilst we have seen much that is excellent with regard to the use of occupation therapy, we consider that there is still a large number of patients who would benefit by occupational treatment and who are at present without any form of employment. We realize however that this is, in part due to the degree of overcrowding existing in the wards.

The mortality rate for 1935 was 7 per cent. Forty-eight patients have died since the last visit which took place in August, 1935. Post-mortem examinations were held in over 85 per cent. of the cases. The diseases chiefly responsible for the deaths have been heart disease 20, and pneumonia 7. Three deaths were due to accidental causes and in each case an inquest was held.

From observations made during our visit we have formed the opinion that the standard of medical treatment and nursing at this hospital is a very high one. We were particularly interested in the work done in the two admission hospitals. Here the time of two of the medical staff is almost entirely taken up owing to the large number of new cases admitted.

An apparatus for Plombière treatment has recently been fitted and a new shadowless lamp has been installed in the operating theatre where, we were sorry to find, there was no special anæsthetising room.

We enquired into the dietary and found it to be very satisfactory and we were especially pleased with the diet provided for the sick patients.

On the female side we found an unusually high proportion of the patients—roughly 25 per cent.—confined to bed. Many of these patients were senile cases who have become bed-ridden, whilst the high admission rate was responsible for others. There were, however, a certain number of patients in bed for mental reasons notably in wards C and W2 who, we were informed, would have been up to-day if it were not for the overcrowded state of the hospital. Many of these patients had been transferred from other wards because they were noisy. They appeared to be a type of case that is often found to respond to occupational therapy.

Five patients have sustained serious but non-fatal injuries. These were all fractures, due to accidental causes in 3 cases and to violence from other patients in 2.

The hospital has been entirely free from dysentery and enteric fever. There have been two cases of erysipelas.

Three patients have died from tuberculosis, whilst at the present time, 12 male and 15 female patients are said to be suffering from this disease. The majority of these patients were found to have contracted the disease before admission.

The nursing staff consists of 15 men and 21 women nurses of charge rank 112 men and 169 women ordinary nurses, and there are 26 men and 40 women on night duty. One hundred male and 79 female nurses are certificated or registered as mental nurses and 28 men and 51 women have passed the preliminary examination.

GLAMORGAN COUNTY MENTAL HOSPITAL.

February 19th, 1936.

We have spent the whole of to-day, yesterday, and the previous afternoon in paying the annual visit to this hospital. The outstanding feature since the visit of our colleagues in April last has been the completion of the admission hospital, convalescent villa for women and nurses' home, providing

additional accommodation for 70 women and 50 men. Our visit to these new buildings occupied a good deal of our time to-day and we found them attractive in situation and design, well equipped in every detail and comfortably furnished. Good progress has been made with the laying out of the gardens and borders. The convalescent villa for women is not yet occupied. The admission hospital is at present under the nursing supervision of Miss Halliday who was appointed to the post of Matron in August last. Difficulty is being experienced with the automatic telephone system installed in the new buildings. To-day it was entirely out of commission and it seems that some time must elapse before it can be restored to working order.

On the first afternoon of our visit there were on the books the names of 1,137 men and 791 women, or a total of 1,928 patients, all of whom were in residence. Voluntary patients number 100 (67 men and 33 women) and there are 11 male and 13 female temporary patients. Eighty-eight men and 18 women are returned as private patients of whom 77 men are shewn in the service or ex-service class. Out-County patients number 24, of whom 7 are males.

There has again been a marked increase in the number of patients admitted under the provisions of the Mental Treatment Act and the figures relating to both voluntary and temporary patients for 1935 are most encouraging. During the year approximately 28 per cent. of the total direct admissions (405) were admitted as voluntary patients and 9.6 per cent. as temporary patients, giving a total percentage of direct admissions not under certificate of approximately 38. A study of the corresponding figures for the first 6 weeks of this year indicates that even better results are likely to be recorded in 1936. We understand that the progress in this direction in the last 2 years may be in the main attributed to the pains that have been taken by the medical staff to explain the procedure under the Mental Treatment Act to relieving officers bringing patients to the hospital and think that the former are to be congratulated on the fruits of their efforts. In this connection it is perhaps worthy of note that 73 per cent. of the direct admissions during 1935 were received direct from their homes and that the admission hospital is open at any hour of the night for the reception of patients.

While the opening of the admission hospital has resulted in a reduction of overcrowding there is still a deficiency of accommodation for 171 men by day and 100 by night though the figures for the female side shew vacancies for 24 women by day and 114 by night. It is difficult to see how any further reduction of the overcrowding on the male side can be effected under present conditions unless steps are taken to remove some of the not inconsiderable number of mental defectives of that sex at present in residence. There is a group of mentally defective children some of whom are of imbecile or idiot grade and others of high grade and in need of training which is not available here. Both classes are ill-placed here and should be with patients of their own age and mental standard.

The weekly maintenance charge per head for home patients is 20s. 5d. and for private patients from 20s. 5d. to 34s. 5d. The average weekly maintenance cost as last ascertained was 23s. 1d.

A good deal of useful work, mainly of repair or renovation has been completed since the last visit, including the rebuilding of the portion of Parc Gwyllt damaged by fire. The slaughter-house at Parc Gwyllt has been completely rebuilt and the paths in some of female ward gardens at that hospital have been repaired. At Angelton a beginning has been made in renewing the water service to the male wards rendered necessary by corrosion of the mains, and the conversion of the old superintendent's house for various, including office, purposes, is now approaching completion. Various improvements are contemplated at Parc Gwyllt, comprising, *inter alia*, the provision of a great deal of new equipment and a new floor in the kitchen and the reflooring of the scullery and vegetable room, the installation of refrigerating plant, and the improvement of the lavatory accommodation in the ward gardens.

The patients generally were free from complaints and cheerful. The clothing on the whole is tidy and sufficient but we learnt from perusal of the ward laundry lists that certain women are short of the usual complement of underwear and that the shortage was not confined only to incontinent patients. Overcoats are provided for only a proportion of the men who are up and about and we were surprised to find that not a single man in a dormitory of 147 beds at Angelton could be induced to wear a nightshirt or other sleeping apparel.

The wards were comfortable and well warmed. They contained a fair supply of books but we were sorry to learn that it was considered necessary to lock the book-cases in practically all the wards. From what we have seen elsewhere we do not believe that such a practice is either necessary or desirable; books should be easily accessible to patients. We were glad to see that advantage was being taken of the removal of some of the nurses, formerly sleeping on the wards, to the nurses' home to provide clinical rooms in the wards. We understand that there is likelihood of wireless being installed throughout both hospitals and hope that the suggestion will be adopted as we know that that form of entertainment is greatly appreciated by patients. As regards toilet requisites, more toothbrushes and racks to hold them appear to be required.

Parole is granted to male patients, to the number of 35 beyond the estate and 120 within the grounds. The convalescent villa for men at Angelton (Glan Rhyd) is open to the grounds and 2 female wards and 4 male wards at that hospital are open to the ward gardens. At Parc Gwyllt 2 male wards and 3 female wards are open to the ward gardens. We noted that no female patients are allowed parole at either hospital, but after discussing the point with Dr. Owen appreciate the difficulties in this respect.

Last year an innovation in the shape of week-end leave for patients was introduced and was found to be much appreciated by many patients and their relatives. In all last year, this privilege was extended to 91 patients. Privileges such as this, involving freedom from restriction in suitable cases, are undoubtedly of value and we were therefore glad to find that a considerable portion of the male patients of trustworthy character are allowed to sit up till 10 p.m.

The therapeutic use of handicrafts for men and women is being steadily advanced but at present it is being seriously restricted by the overcrowded state of the cramped quarters in which the central classes are being held, particularly on the male side. The erection at each hospital of a pavilion for the purpose is urgently needed. They would not only provide for the treatment of a considerably larger number of patients but also for the training of a greater proportion of the nurses in this very beneficial form of treatment. There is scope for the extension of kindred methods of graduated occupation in various forms of outdoor work.

We heard with satisfaction that physical training had been re-started in conjunction with recreational activities of a like nature and hope that suitable clothing will be provided for this purpose. At other hospitals the introduction of eurhythmics and dancing has been found to be of benefit to, and much appreciated by, women patients.

We heard with regret that the installation of sound film apparatus has met with a setback. Trials were made of talking pictures in the recreation halls of both hospitals and the acoustic properties of each were found to be very defective. In the circumstances the question of the proposed installation is very properly receiving further consideration but we earnestly hope that every effort will be made to overcome the difficulty and provide sound films as soon as possible.

The proportion of patients confined to bed at the time of our visit was 10 per cent. Treatment in this hospital is carried out from many aspects: there is a wide range of modern pharmaceutical products in use and our enquiries as to the remedies applied in certain individual cases revealed a thorough and systematic approach to the problems in hand and an intimate

acquaintance on the part of the medical staff with progressive medicine. Special observations are being made on the prevalence of physical maladies in fresh admissions. We feel assured that the sound clinical understanding of cases co-ordinated with the new laboratory facilities will promote considerably the benefit of the patients received here. These facilities have been substantially advanced by the appointment of a research assistant, Mr. D. R. Davies, M.Sc., A.I.C., who is also in charge of the new radiological department available at the admission hospital. A joint clinical and laboratory investigation of a certain aspect of epilepsy is at present in progress and much use has been made of the new electrotherapeutic apparatus. Freshly admitted patients are now being treated under particularly advantageous conditions in the well staffed, small bright wards of the new admission hospital.

A review of the treatment of general paralysis by malarial inoculation followed by neosalvarsan, which was commenced at this hospital in 1934, shows that in the first 12 months 7 of the 26 men treated were discharged "recovered" and 2 as "relieved" while of 6 women treated 1 was discharged "relieved."

We hope that use will be made of the opportunity of treatment of bed patients in the open air whenever it is of advantage to the patients and that steps will be taken without delay to secure the appropriate segregation of all those who are suffering from communicable diseases or who are carriers of them. Four men and 9 women are under treatment for tuberculosis, the death rate for which in 1934 was 11.7 per thousand compared with the average of 4.9 in public mental hospitals. Since the last visit 3 men in wards 4, 5 and 7 at Angelton and 3 in ward 3 at Parc Gwyllt have been attacked by dysentery from which 4 of them died. Flexner W micro organisms were isolated in some of these cases and the Sonne type in another. A full investigation of contacts is in progress. The control of such a disease is handicapped by the use of the old wooden type of commode chair which it is desirable to replace with metal ones more readily and effectually disinfected and cleaned. It would be a useful sanitary improvement also to have the doors and other woodwork of the w.c.s. enamelled in white or other light colour in the wards occupied by patients of faulty habits. A further useful measure would be to separate baskets in which to bring clean garments from the laundry from those used to collect the soiled linen and convey it to the laundry.

Since the last visit 1 man and 7 women have sustained fractures; in 4 instances the injury was due to the action of other women; the others were accidental. One man dislocated his right shoulder by falling out of bed in a fit. Inquests have been held on the deaths of 4 men, 3 occurring from natural causes, and 1 being the result of the patient throwing himself into the river while walking with a number of other men.

The death rate for 1935 in the hospital was identical with that for 1934, i.e., 90 per thousand patients resident. The number of deaths since our colleagues visited at the end of April last is 155, of which 42.6 per cent. were the subject of post-mortem examination. The cause of death was heart disease in 22.6 per cent., non-tuberculous diseases of the chest in nearly 20 per cent., and tuberculosis in 11.6 per cent.

Out-patient clinics continue to be held weekly at Bridgend and Pontypridd, at which 99 patients made a total of 173 attendances in all in 1935. At the end of October last a clinic to serve the western area of the County was opened at Neath, 11 attendances being recorded up to the end of the year.

The total staff of nurses (excluding sub-officers) is 344, of whom 198 are males and 146 females. Twenty-two of each sex are at present detailed for night duty and 7 women nurses are employed on the male side. Just over 72 per cent. of the male nurses and 30 per cent. of the female nurses are certificated or registered as mental nurses. The percentage of female nurses with over 5 years' service in the hospital is approximately 39.

Dr. Owen has the assistance of Dr. W. Brown as Deputy Medical Superintendent, and of Drs. T. Lloyd Edwards, R. C. Abel, I. A. Evans, R. J. Phillips and T. Hughes as Assistant Medical Officers. Dr. Owen and his staff must have had a laborious year but they can, in our view, be congratulated on what has been effected during the period under review.

GLOUCESTER COUNTY AND CITY MENTAL HOSPITAL.

March 12th, 1936.

Our visit to these hospitals has occupied the whole of yesterday and this morning, and we have been impressed by the general conditions we found prevailing and the standard of care and attention afforded to the patients.

To-day, there are resident in the hospitals 1,306 patients, in the proportion of 532 men to 774 women. These numbers include 71 voluntary patients and 19 temporary patients and private patients 78—27 women and 51 men—40 of the latter being service or ex-service patients. Out-County patients number 66, of whom 57 (28 men and 29 women) are chargeable to the County Boroughs of East Ham and Southend-on-Sea.

From the statistical returns furnished to us to-day it appears that there are vacancies on the female side, both by day (90) and night (2), while the male side has 18 vacancies by night, but is overcrowded to the extent of 50 patients by day. The deficiency of day space is entirely confined to Wotton. We understand that plans for alterations and improvements to male ward 1 at Coney Hill and male wards lower IV. and middle ward XX. at Wotton are under consideration, which would provide additional day and night accommodation and also much improve the lavatory and bathroom accommodation. Alteration of the existing sanitary space to male ward lower IV. (included in the above proposals) is certainly highly desirable.

Excellent use is being made at these hospitals of the provisions of the Mental Treatment Act, 1930, and it is most gratifying to find that during 1935 no less than 39 per cent. of the total direct admissions (excluding re-gradings) were received as voluntary patients, and approximately 12·5 per cent. as temporary patients. With regard to temporary admissions it is interesting to note that 19 out of the total of 40, or practically 50 per cent., were received from Gloucester City Public Assistance Institution which Dr. Logan now visits weekly in a consultative capacity, thus seeing practically all patients admitted there for observation before disposal. The percentage of patients admitted to these hospitals direct from their homes during 1935 was approximately 78.

Of new admissions to these hospitals, women patients are received at Coney Hill and so are some of the quieter cases amongst the men. Good, but limited, accommodation is available for the latter in the male voluntary ward, but the women's voluntary ward is unfavourably situated for such patients, its outlook being on to the backs of other wings of the hospital and the gardens likewise having an outlook of restricted and confined character. In all the circumstances and having regard to the rising admission rate over the past few years one could not fail to be struck by the disability under which the hospitals labour with regard to the absence of an admission hospital where early and recoverable cases of mental illness could be treated and the means of treatment could be concentrated. We feel that on the figures of Mental Treatment Act admissions which are before us the disability cannot fail to become year by year more acute.

Another requirement in connexion with the rising admissions of Mental Treatment Act cases is the appointment of an additional medical officer at Coney Hill where there are only two at present for 648 patients, including the greater part of the fresh admissions who call for a considerable expenditure of time in investigation and treatment.

We spent some time inquiring into the accommodation for female nurses at both hospitals and find that the majority of them are accommodated on the wards, separate provision of any sort being limited to 10 beds at Wotton,

and 24 beds at Coney Hill. The separate accommodation at Wotton appears to be entirely used by night nurses and there is no separate sitting-room for sisters. The lecture room provision is also poor and inadequate. We cannot help feeling that added and separate accommodation for female nurses where modern accommodation for all grades would be provided, together with proper messing, lecture and study facilities, is desirable at both hospitals.

In making the above suggestions we are mindful of the cost entailed. We would venture, however, to ask the Committee to consider whether the present is not an opportune moment to make the additions in question which are in our view needed to bring the hospital up to date. It may be that these and other improvements could best be made the subject of a programme extended over a period of years.

Amongst a very large and comprehensive list of alterations and improvements completed since the last visit (just over nine months ago) may be mentioned :—At Wotton, the installation of new lavatory basins (hot and cold water) in male ward IV. and female ward II., together with a new bath in the latter ward, and new sinks in the former ward and in male ward XX. Two half-padded rooms have been added to male ward VI. Another improvement at Wotton, which we have been very pleased to see is the installation of sound-film apparatus. Pictures are shown on an afternoon each week, and the Recreation Hall having been completely redecorated (with panel pictures painted by a patient) and radiators installed, there is no doubt that great pleasure is derived by the patients from this innovation. In this connection we gathered that two bus loads of patients from Coney Hill come down weekly to the pictures. We understand that the installation of similar apparatus at Coney Hill has been found difficult owing to the acoustic properties of the Recreation Hall there, but hope very much that these difficulties will, in due course, be overcome.

Improvements at Coney Hill include renewals of the steam and gas cooking plants in the kitchen and the construction of a new vegetable room and larder, the reconstruction on excellent lines of the mortuary and the provision of a sun ray room. The provision of a separate room for dentistry is contemplated here, and as the wards come up for redecoration it is intended to provide new lavatory basins with hot and cold water.

During our tour we were shown a room at each hospital which it is proposed to fit up for hairdressing purposes. There are already nurses on the staff with professional experience of hairdressing. The room at Coney Hill, allocated for the purpose, is just outside the admission ward.

Although the wards at Wotton are of great age they are cosy and well supplied with patients' gardens and we found the patients there remarkably free from complaints, even on the score of detention. At both hospitals we were impressed by the excellent relations which existed between patients and staff, and it was evident that much attention is paid to the needs of the individual.

The modernization of patients' underclothing continues to make progress in both divisions. The material chosen appeared to us to be very suitable and the garments were of good design. Slippers are in process of being supplied to both male and female patients.

The wards and dormitories were clean and well kept. A good deal of redecoration in light and pleasing colours has been carried out, and the day-rooms are comfortably furnished and appeared to be well supplied with daily and Sunday papers, periodicals and games for the amusement of the patients. It would be an improvement if the long tables used for meals at Wotton were replaced by smaller ones, seating four patients each, thus aiding classification at meal times and improving the general appearance of the dining-rooms. Similar remarks apply to those wards at Coney Hill where patients dine, and we hope that in due course it will be found possible to arrange for all patients there to dine in their wards, small tables and chairs and facilities for heating plates in the kitchens being provided. We thought that the provision of coat-hangers on a fixed rail in many of the cloak-rooms

would be of advantage and wondered whether it would be possible to introduce tea-pots in some of the better conducted female wards. We were pleased to see that one locker to every two patients had been provided at Coney Hill and understand that similar provision is in course of preparation for many of the wards at Wotton. The massing of tooth brushes in one receptacle, which we noticed in one or two wards at Wotton, is unhygienic.

It is very desirable that the ward lists for the laundry should be accurately compiled and, for instance, include towels, on the stock of the ward, used in the general bathroom. The appearance of some of the garments in a ward at Coney Hill led us to inquire into the process of their washing. We learnt that the drying accommodation is considered insufficient by the laundress to calender the patients' undergarments while they are still damp, with the result that they are not put through the calender until they are, in her words, bone dry. We think it would be well to overhaul the laundry arrangements.

Fifty-five patients, including one woman, have full parole at the present time and parole within the grounds is allowed to 15 men. At Wotton two male wards and one female ward are open to the ward gardens, and at Coney Hill two wards for each sex enjoy similar privileges. While a billiard room at each hospital serves as a room where patients may sit up, it is said that the number of patients taking advantage of the concession is found to be limited.

We were glad to find that a good deal of attention is paid to outdoor games for the patients. They are encouraged to kick a football about in the winter and practice at cricket takes place several evenings a week in the summer. There is a badminton court laid out in the Recreation Hall at Wotton. Picnics to the sea take place in the summer.

Considering the number and type of unoccupied male patients the absence of major casualties over a long period calls for favourable comment. Even the minor injuries in two wards of over-active patients have been extraordinarily few. Four women have sustained accidental fractures, none being of a serious kind. One woman died in November from shock following burns—her death was the subject of an inquest.

Only 7·5 per cent. of the male patients in both hospitals were confined to bed, and 13·2 per cent. of the women, at the time of our visit. Two men and 6 women are suffering from phthisis, and 1 man and 1 woman from other forms of tuberculosis. We are glad to learn from Dr. Logan that he has a project in mind for suitable out-door treatment of such patients, some of whom were, we understand, tuberculous before admission. Apart from 1 case of erysipelas, there has been no epidemic disease since the last visit.

The therapeutic resources of the hospitals are steadily advancing: a portable X-ray apparatus has been procured and there were previously apparatus for ultra-violet radiation and colon irrigation. The range of medicinal materials employed is wide, and there is now a pharmacist to dispense them.

The routine examination of new admissions includes certain serological and intestinal laboratory tests and there is close liaison in this department with the Royal Infirmary whose pathologist visits about twice a week. The services of a consultant physician, surgeon, obstetrician and ophthalmic surgeon and aural surgeon as well as a radiologist are available. The dentist, however (hitherto monthly), visits each hospital only once a fortnight.

Occupational handicrafts as a means of treatment are taught to a certain number of patients in both hospitals, but there is considerable scope for the extension of this beneficial activity on systematic lines for both fresh admissions as well as deteriorated patients. Folk-dancing classes are held every week in addition to physical training. We believe that the provision of suitable costumes for these activities would stimulate interest in them and assist in restoring some further contact with reality in alienated patients.

The death-rate for 1935 was 73 per thousand, compared with the average of 68 per thousand in public mental hospitals. On the men's side it was 93 compared with an average of 71. Since the last visit 35 men and 42 women have died; 51 per cent. of the men and 40 per cent. of the women were over

65 years of age. Cardio-vascular diseases accounted for 53 per cent. of the deaths. Two men have died of tuberculosis.

Although there has been no fresh intestinal infectious illness the women's ward where cases are considered to have arisen in the past, lower 14 corridor, requires some attention. It is illuminated by day from sky lights and, at the farther end, where gaps between the floor boards are most obvious, there is a strong odour of stale urine; doubtless the uprooting of this floor will be attended with some risk of a fresh occurrence of enteric fever, but with the exercise of certain precautions the risk might be diminished. The demolition of this corridor would relieve anxiety.

In all wards where personal habits are faulty, the enamelling of w.c. doors in a light colour would be an aid to hygiene, and so would the use of brushes of distinctive shapes for floors and tables or scullery boards.

The clinic at the Royal Infirmary continues to be well attended. In 1935 104 new cases were seen, involving 253 attendances, while old cases numbering 19 made 84 attendances.

The dietary of the hospitals has been well planned and includes a weekly issue, throughout the winter, of oranges and bananas, mainly the former. There is a substantial list of suet puddings in various forms as a second course, and the dinners which we saw served in the wards presented an appetizing appearance. The distribution of bread calls for some arrangement to avoid the piling of laden trays one upon the other.

The Nursing Staff for the wards consists of:—

					Male.	Female.	Total.
Charge nurses	...	...	...	...	12	17	29
Ordinary nurses	...	...	...	...	64	92	156

Last night 10 male and 21 female nurses were on duty. Those who are registered or certificated as mental nurses form 64 per cent. of the male, and 30 per cent. of the female staff.

Our visit, through two long days, has been a pleasant and interesting one, and we congratulate the Committee and Dr. Logan upon the progressive spirit evidenced in the administration of the hospitals.

HANTS COUNTY MENTAL HOSPITALS.—1. KNOWLE.

June 17th, 1936.

The outstanding event in the period which has elapsed since Commissioners last visited this hospital has been the opening of the well-equipped admission hospital with accommodation for 70 patients. We have been very interested to visit this unit and to see patients in the early stages of mental disorder—many of them recoverable types—being nursed in ideal conditions. The admission hospital is in charge of a sister with an entirely female staff of nurses. The patients are admitted from the clinics by the medical officers who treated them there and who continue to treat them in the admission hospital. This plan is, we consider, an excellent one.

Another important change has been the conversion of the children's block into a nurses' home with rooms for 36 nurses. The adaptation has been carried out with considerable ingenuity and although some of the bedrooms are very small the home is a great improvement to the former accommodation occupied by the nurses.

The internal re-decoration of the hospital which had to be held up some years ago is now again being proceeded with and the convalescent wards on each side have been pleasingly repainted and their sanitary annexes modernized. The work of adding urinals to the spurs in the male side is in process of being carried out. We were glad to hear that a scheme of reconstructing the sanitary annexes in the male and female blocks had been approved and we hope that when this much needed work is carried out the new lavatory basins will be fitted with hot and cold water. We understand

that all wards are in course of time to be redecorated; the infirmary ward on the female side and E ward on the male are amongst those most urgently in need of redecoration. When repairs are being carried out to the infirmary wards we would suggest the provision of a basin, with hot and cold water laid on, in each dormitory where patients are being nursed in bed. Such basins facilitate nursing considerably.

During the course of yesterday and to-day we believe we have seen all the patients in residence and we have talked to many of them. In 5 instances we granted private interviews. Requests for discharge were numerous but the patients making them were either quite unfitted to obtain their liberty or had no homes to go to or relatives to look after them if they were set free. On the whole the patients appeared happy and contented and were for the most part extremely well behaved.

We have referred to the need for redecoration in the wards generally but otherwise the rooms were neat and tidy. Gradually, we hope, it will be possible for more comfortable furniture to be added to the convalescent and workers' wards and that some of the hard benches will be done away with.

We discussed with Dr. Jackson the somewhat restricted ward gardens of the female block used by some 180 patients of very varied type and he has promised to go into the matter and consider what can be done. Enlargement is apparently difficult owing to the kitchen garden being on the other side of the boundary wall. We should like to see some flower beds in all the wards' gardens which are poorly provided in this respect.

The imbeciles, of whom there are still a good number, are being gradually removed elsewhere. In the male imbecile ward there are now 39 patients. The nursing of these patients is made difficult by lack of facilities. For instance there is no hot water laid on in the ablution room. In the one small dormitory, where we noticed an odour, ventilation would be improved by lowering the windows which are at present high up in the walls.

We were glad to find that a central library is in course of construction, this entails certain structural alterations but when these are completed it will be possible to form a library which will be we are sure greatly appreciated by patients. A patient is to act as librarian.

Although a large number of patients are employed upon the general work of the hospital, the occupation of patients upon therapeutic lines is still in its infancy here. Three male patients are employed in a basket making shop and some 17 to 20 women carry out simple handicrafts and embroidery in an occupation room. So far no physical drill takes place on either side of the hospital although patients are encouraged to take part in outdoor games in the summer and badminton in the hall in winter evenings. We have discussed these allied subjects with Dr. Jackson and we hope it will be possible for him to try out some of our suggestions. It would be very helpful, we feel sure, if one of his medical officers were to visit hospitals where occupational therapy is well organized, with the idea of introducing it upon an extensive scale at Knowle.

Another matter we have discussed with Dr. Jackson is the question of patients' clothing. The new matron, Miss Graham, is to go into the question and we hope that the lady members of the Visiting Committee will also take an interest in it.

There were 1,117 patients—507 men and 610 women—in residence to-day. Of these 21 of each sex are voluntary patients and 1 female is on a temporary basis. The remainder are under certificates. Four men and 3 women are at present out on leave or on trial giving a total on the statutory books of 1,124. Thirty-nine males (36 in the service or ex-service class) and 3 females are private patients.

Since January 1st of this year there have been 103 admissions, of these 52 patients have been admitted as voluntary, 2 as temporary and 49 as certified

patients. These figures show a satisfactory state of affairs regarding the voluntary admissions but we are sorry to find that so little use is being made of section 5 of the Mental Treatment Act, 1930, in the area served by this hospital.

Overcrowding still exists at this hospital to the extent of 7 females by day and 6 males and 18 females by night.

The weekly maintenance charge for rate-aided patients is 19s. 3d. and for private patients from 23s. to 35s. The average weekly maintenance cost is 19s. 11.2d.

Patients of both sexes are now granted parole within the estate, 79 men and 39 women being so privileged, and in addition 22 men have parole without the grounds. It has given us particular pleasure to find that parole has recently been extended to women.

The present staff of nurses consists of 10 male and 8 female nurses of charge rank, 71 male and 69 female ordinary nurses and 16 males and 19 females on night duty. Five women nurses are employed in the male admission hospital.

Fifty-two males and 26 females are registered or certificated as mental nurses and 15 males and 13 females have passed the preliminary examination.

The general health of the patients has been quite satisfactory. The mortality rate for 1935 was 6 per cent.

Since the last visit on January 25th, 1935, there have been 96 deaths—53 males and 43 females. Fifty post mortem examinations have been made.

Thirty-nine deaths were reported to be due to heart disease, 16 to pneumonia, and 8 to tuberculosis.

Two inquests were held. In one case death was found to have been accelerated by shock from an accidental fall and in the other case by exposure and want of food before admission to the hospital.

There have been 5 serious but not fatal injuries. All were due to accidental causes.

Ten cases of influenza occurred on the female side. Four patients contracted dysentery in M.B.3 ward in January of this year. One of these patients died. Thirteen female patients known to be enteric carriers are isolated in a special block.

At the present time 5 male and 2 female patients are known to be suffering from tuberculosis. No doubt the new X-ray machine will be found useful as an aid to the diagnosis of cases of pulmonary phthisis.

We discussed various matters relating to the handling of foul linen both in the wards and in the laundry with Dr. Jackson. There are several matters of routine which we think should be carefully watched by the medical officers in charge of the wards. We consider that bins for the reception of foul linen should be provided in all wards where faulty patients are housed and we also advocate that special brushes of a distinctive colour and kept in a special receptacle should be used in the sanitary annexes for purposes of hygiene. It might be helpful if written instructions were issued to the staff regarding the use of disinfectants.

In concluding this report we would wish to add a special word of praise for the excellent results which have been obtained by the medical officers in connection with the working of the clinics both at Southampton and at the admission hospital. During 1935, 90 new patients were seen and there were 566 attendances at the Southampton clinic, whilst since the clinic at the admission hospital was opened in April, 1935, 17 new patients have been seen and there have been 43 attendances.

Our thanks are due to Dr. Jackson and his medical staff for their assistance in what has been a pleasant visit.

HANTS MENTAL HOSPITALS—2. PARK PREWETT, BASINGSTOKE.

May 1st, 1936.

During our visit to this hospital which has occupied the whole of yesterday and part of to-day, we have been very well satisfied with the general arrangements for the care and supervision of the patients and consider the administration shows very careful attention to details which though small in themselves are essential to the comfort of the patients.

We found the premises in an excellent state of decorative repair. Much care has been expended in the choice of colour schemes with very pleasing results and the universal display of bright pot flowers even in the most disturbed wards adds a note of cheerfulness which cannot but have a beneficial reaction on the patients.

Since the last visit of our colleagues 9 months ago, 30 new staff cottages have been erected and many minor additions and alterations have been made. Chief amongst the latter have been the addition of a printers shop and the erection of an occupation hut for male patients, the extension of ward garden lavatories and the provision of 24 additional ward tables made by patients in the above-mentioned occupation hut mostly from tea chests—most useful articles of furniture more of which are to be made for use in the cricket pavilion and in the villas.

A steam heating and domestic hot water calorifier is contemplated in villa 7, sanitary additions are to be made to 4 male wards and 5 villas; also extension of the receiving room with provision of sorting bins will be made in the laundry.

We are glad to hear that a talking cinema apparatus is to be installed next winter after arrangements have been completed to improve the acoustic disadvantages of the recreation hall. The cost of this will be met out of profits accruing from the canteen.

We received no complaints other than those connected with detention and none of the 5 patients granted private interviews require special attention.

The dress of the patients is on the whole satisfactory, and we are glad to hear that more modern attire and improved footwear is being gradually introduced. In this connection we would like to see coat hangers and rails for these provided wherever accommodation is available. Not only will this provision add to the general tidiness of the cloakrooms but the life of the garments will be greatly prolonged.

A well cooked and nicely served dinner of ample proportions was seen yesterday; the plates were well heated either in villa ovens or by means of electric plate warmers. The dietary—a 4-weekly one—is full and varied.

The returns for 1935 show that 56 per cent. of the male and 49 per cent. of the female patients are usefully employed, the majority of the male patients on the land and the majority of the female patients in the laundry, sewing room and kitchens.

Occupation therapy appears to us to be in need of encouragement. While we found a number of each sex engaged on various forms of handwork we did not think that many of these would have been difficult to occupy in any circumstances. We think that the start made needs development and suggest as the best means of doing this that the staff should be instructed by attendance at the occupation classes and at any crafts centres available so that ward classes may be set up and the more regressed type of patients reached. Closely connected with occupation therapy are physical exercises and drill which have proved so useful in many of our mental hospitals in reclaiming the erstwhile useless and degraded patients as well as providing a healthy means of preventing deterioration amongst early psychotics. We have discussed this matter with Dr. Connolly and hope that he will give our suggestion an extended trial.

The outpatient clinic at Winchester held at the Royal Hants General Hospital continues to function usefully but hitherto the distances to be travelled

and the expense of transit has restricted the numbers attending at the weekly sessions. We are, therefore, glad to hear that the Public Assistance Committee has now made arrangements to defray the travelling expenses of necessitous persons.

There were in the hospital yesterday 649 male and 790 female patients, and there were also 2 male and 11 female patients on leave or on trial. One hundred and fifteen male and 77 female patients are in the private class, including 39 service or ex-service patients.

During 1935 and up to the present date 28 male and 45 female patients have been received on a voluntary basis, but only 4 and 5 respectively have been admitted as temporary patients. These figures lead us to believe that the provisions of the Mental Treatment Act are not sufficiently known to those concerned since they represent only 2 per cent. of temporary patients to the total admissions.

The weekly maintenance rate returned to us is 19s. 3d. for home patients and from 35s. to 3 gns. for private patients giving an average cost of 17s. 9·2d.

The mortality rate for the year ended December 31st, 1935, was the low one of 5·5 per cent.

Since the last visit there have been 59 deaths, 23 males and 36 females—35 of these patients were over 60 years of age. The chief causes of death have been heart disease 18, pneumonia 13, and maniacal and melancholic exhaustion 9.

Post mortem examinations were made in 35 cases.

Two inquests have been held; one of these cases was that of a female voluntary patient who drowned herself in a pond whilst on parole; the other case was that of a male patient who died from perforation of the bowel caused by swallowing the bristles of a bass broom.

Six patients have sustained fractures; 4 from accidental falls and 2 due to violence by other patients.

There are no active cases of dysentery or enteric fever at the present time. Two mild cases of the former disease have occurred in the past 5 months and there are 31 female and 17 male patients who are known to have suffered from this disease in recent years.

These patients are at present accommodated as follows :—

Female Ward D	9	Male Ward 1	9
„ „ B	5	„ „ 3	1
„ „ C	5	„ „ 8	1
„ „ E	1	Villa	6 6
„ „ F	5		
„ „ G	2		
Villa	1 1		
„	4 2		
Admission	1		

It will be seen, therefore, that these patients, who must be regarded as potential sources of infection, are scattered about in 9 wards or villas on the female side and in 4 on the male side. Yearly bacteriological tests are made on each and the usual precautions to prevent them from infecting others are, apart from segregation, carried out.

Five deaths occurred from tuberculosis and 16 patients are reported to be suffering from some form of this disease at the present time.

Precautions are taken on the farm and in the laboratory to ensure a clean milk supply.

The present nursing staff consists of 95 ordinary and charge male nurses and 83 female nurses for day duty; also 13 male and 23 female nurses for night duty. Five female nurses are employed in attendance on male patients. Sixty-five male and 39 female nurses are certificated or registered as mental nurses while 21 and 14 respectively have passed their preliminary examination.

There have not been any changes in the medical staff since the last visit. We are greatly indebted to Dr. Connolly and his medical officers for their attention to us during our visit.

HEREFORD COUNTY AND CITY MENTAL HOSPITAL.

May 7th, 1936.

The most important event in connection with this hospital since it was visited by our colleagues just under a year ago has been the opening of Holme Lacy for the use of private female patients. We spent the greater part of yesterday afternoon in a tour of this auxiliary hospital and were much impressed by the excellence of the accommodation afforded. A great deal of care and forethought has obviously been expended in the fitting and equipment of the mansion which is most tastefully and comfortably furnished and provided also with a compact and up-to-date treatment centre, including the most modern X-ray apparatus. Situated, as it is, in lovely surroundings, we believe that it will prove a valuable addition to the hospital. At present there are in residence there 21 private patients and 24 rate-aided patients. The staff, in addition to a resident medical officer, comprises 4 sisters, 12 nurses, and 2 ward maids.

There are to-day on the statutory books of this hospital the names of 258 men and 350 women, 27 of the former and 30 of the latter (including the patients at Holme Lacy) being voluntary patients. Temporary patients number 3—all women. Two men and 1 woman are at present "on trial," leaving 605 patients, in all, in residence, of whom 48 men and 52 women, chargeable to 6 different authorities, are out-County patients.

According to the statistical returns furnished to us this morning, the main hospital has vacancies for 15 men and 21 women by day but is overcrowded to the extent of 11 patients by night on the male side.

Direct admissions during the year 1935 numbered 116, of whom approximately 38 per cent. entered the hospital on a voluntary basis and about 13 per cent. on a temporary basis. It is encouraging to note that just over half the total number of patients admitted during the year were received without certificate. In this connection it may of interest to observe that 75 per cent. of the total direct admissions came direct from their homes and comprised all save 1 of the voluntary and temporary admissions.

We found the patients on both sides of the hospital orderly and free from complaint. Some improvement might be effected in the general appearance of men's clothing by the provision of a steam press in the laundry or tailor's shop.

The dayrooms and dormitories were clean and well kept but re-decoration appears to have got somewhat behindhand. We wondered whether it might not be possible to provide small tables, seating from 4 to 6 patients each, in place of the large ones at present in use, thus improving classification at meal times. Another point which struck us in connection with the patients' meals was the absence of covers to many of the containers in which the food is transported from the kitchen to the wards. We hope that this matter will receive early attention.

During our tour of the female side we discussed with Dr. Fleming the desirability of dividing the day-room of the reception ward (F.3) into two portions with a view to improving facilities for classification. He will consider this matter now.

We inquired into the library arrangements which seemed generally satisfactory. The opening of Holme Lacy has enabled a fine supply of pictorial periodicals to be circulated in due course to the wards of the main hospital, but we thought that the supply of daily papers to the latter—apparently averaging about 1 per ward—might be increased with advantage. No Sunday or evening daily papers are provided.

Occupation therapy has not made much progress at present at this hospital. There is an occupational room, capable of holding about 20 patients, in use in each division but greater variety of occupations appeared highly desirable. A certain amount of this form of treatment is carried on in one

or two wards in the female division but its absence on the male side is very noticeable. The real need appears to be the appointment of a properly qualified occupation officer to organise and supervise the work on both sides.

No alterations or improvements of special importance have been completed since the last visit, nor is any special work in progress at the moment. We understand that the provision of a male treatment centre is under consideration and hope that the provision of a disinfectant at the laundry will not be long delayed. One of us who visited two years ago found, on going round the farm yesterday, that ready washing facilities for the milkers were still lacking.

The death rate for the year ending December, 1935, was 5.7 per cent (males 7.4, females, 4.4.). Since the last visit there have been 34 deaths, followed in 27 cases by post mortem examination. The chief causes of death were pneumonia (11), heart disease (8), tuberculosis (4). One inquest was held resulting in a verdict of "Death from natural causes."

The general health of the patients has been good. At the time of our visit there were 25 men and 32 women in bed, or approximately 9.5 per cent. of total in residence. The majority of these were in bed on account of general debility or senility, while about one-fifth were there on account of agitation or excitement.

At present one patient is suffering from erysipelas, 1 from tuberculosis in active form and 1 is convalescent from an attack of dysentery. The latter developed dysentery some days after entering hospital and is believed to have had the infection on admission. Eight female patients who are still regarded as carriers of enteric continue to be isolated in female ward 4.

Two patients have sustained simple fractures—1 a fractured hip due to the patient accidentally falling, the other the fracture of a small bone of the foot caused by the patient accidentally letting the leg of a bedstead fall on her foot.

The out-patient clinic at the Hereford General Hospital, held weekly on Saturdays, continues to prove a valuable addition to the mental health services of the County. In all 307 attendances were made during 1935, but the needs of the outlying districts appear still to be inadequately met owing to difficulties of expense and transport.

The nursing staff consists of 31 male and 71 female nurses, of whom 4 and 16 respectively are detailed for night duty. Twelve female nurses are employed on the male side, the nursing staff of which is in charge of the assistant matron. Fifty-five per cent. of the male and 25 per cent. of the female nurses are certificated or registered in mental nursing. We observe with interest that 34 per cent. of the female nursing staff employed here at the end of 1935 were possessed of secondary school education.

Dr. Fleming has the assistance of Dr. D. M. Cox as Deputy Medical Superintendent and of Drs. T. E. Burrows and J. L. Faull. The latter resides at Holme Lacy.

HERTS COUNTY MENTAL HOSPITAL.

March 19th, 1936.

The extensions to this hospital are now almost completed as far as space for patients is concerned. During yesterday and to-day it has been of great interest to visit the new villas, 2 on the female and 1 on the male sides; Woodside, which was formerly the isolation hospital, and now houses 20 female convalescent patients and the new block which houses the female admissions as well as a ward on the upper floor for the more chronic type of patient. These buildings are admirably designed and are bound to prove of great value to the hospital. The extensions now provide on paper an excess of accommodation for 73 male patients by day and night and 90 female patients by day and 88 by night. The full effect of the enlargement will, however, not be felt for some time and overcrowding in fact still persists in some wards.

The reason is that owing to the alteration of the heating system and the presence of dry rot in some wards, two wards on each side of the main building are at present closed for redecoration and reconditioning, and when the work is completed in these wards other wards will be closed in order that similar work may be carried out. It will, therefore, be some time before the full effects of the extensions will be felt.

The excellent admission unit for women patients makes a striking contrast with the admission ward for males, which is in a bad state of disrepair, is overcrowded and is in no way worthy of this well equipped and progressive hospital. We are convinced of the need of a new admission block for men.

Another important new building which has recently been opened is the bacteriological and bio-chemical laboratory which is not only of great importance to the hospital but is also used for the work of the County and the public assistance institutions therein.

The new laundry buildings are rapidly approaching completion, but so far the laundry work is still carried on in the old buildings and with the old obsolescent machinery. We noticed that there was no steam jet for disinfecting the foul clothes bins, but no doubt this defect will be remedied in the new building.

The patients in residence to-day number 1,056, 368 men and 688 women. Of these 24 men and 42 women are voluntary patients and 2 females are in the temporary category. During 1935, 96 voluntary and 17 temporary patients were admitted out of a total of 270 admissions. These figures show a gratifying increase on those for 1934 and we hope the increase will continue to be progressive.

There are at present 5 men and 4 women out on leave or on trial, and this gives a total on the statutory books of 1065. Two men and 11 women are private voluntary patients and 47 men (41 in the service or ex-service class) and 28 women are private certified patients. The charge for private patients is from 3ls. 6d. to 63s., and for rate-aided patients 24s. 6d. The average weekly maintenance cost is 25s. 0·4d.

Sixteen men and 20 women have parole beyond the estate and 46 men parole within the grounds. One male villa, 2 female wards and 3 female villas are administered upon the open-door principle.

We believe we have seen all the patients in residence and we conversed with many of them. They appeared to be happy and contented, and to be in receipt of most careful and kindly nursing care and attention. The complaints were very few and of little importance. We gave two private interviews, but action is not called for in either case.

The new buildings are most comfortably arranged and furnished, and those wards in the main block which have been reconditioned and redecorated are also most comfortable. The other wards, as we have already mentioned, are to be treated in the same way as quickly as possible, and it would therefore be unfair to comment upon their present condition. The closing of the wards for reconditioning and the difficulties associated with the installation of the new heating throughout the main block have made the task of doctors and nurses for a considerable period extremely difficult. Many problems of classification and over-crowding have had to be dealt with and have been dealt with in our opinion very successfully.

We hope that when the repairs are going on the opportunity will be taken to improve the method of storing clothing and that fixed rods with coat hangers will be arranged in the cloakrooms for outdoor garments. This way of dealing with overcoats prolongs their life considerably.

We would suggest that catches of a similar type to those at Highfield should be placed on the lavatory doors at Woodside.

We were very pleased with the number of bedside lockers in the infirm and admission wards and of ordinary lockers in wards where the good type of worker is housed.

We discussed several other points of a hygienic nature with Dr. Kimber who promised to consider them.

Since last visit male and female occupation centres have been opened, and we visited both yesterday. They are well equipped and a great variety of different crafts are carried on in each. Three different classes are held in the male and 2 in the female centre, and most careful attention is paid to the individual needs of each patient from the treatment point of view. Patients who are improving are drafted on to other forms of work. In connection with occupational treatment drill classes for both sexes are held daily. It will be observed that there are many excellent features in the way this work is organized here, yet we feel there is great scope for the spread of occupational treatment to the wards particularly those which house the more disturbed patients, and we were glad to find Dr. Kimber so much in sympathy with this view. Development on these lines will no doubt become possible when the structural alterations to the wards are completed.

A great deal of useful modernization to the kitchen premises has recently been carried out and new vegetable and washing up rooms as well as storage space have been added. We noticed that the w.c. accommodation for the women kitchen workers is some distance away from the kitchen, and is not provided with a wash-hand basin: the latter drawback is to be overcome shortly, but we wish there were sanitary accommodation more conveniently placed.

We visited the nurses' home and the lecture room for nurses which is situated there. The methods for training nurses appear to be excellent, and we were particularly struck by the very complete equipment and apparatus in the lecture room.

The present staff of nurses consists of 6 men and 15 women of charge rank, 66 men and 80 women ordinary nurses and 7 men and 13 women nurses on night duty. Thirty men and 36 women are certificated or registered as mental nurses, and 17 men and 25 women have passed the preliminary examination.

The death rate for 1935 was 70 per thousand—approximately the average for public mental hospitals. Fifty-two deaths have occurred since the last visit 9 months ago; nearly 60 per cent. of them were the subject of post mortem examination.

Most prominent as a cause of death was heart disease, 23, and next, tuberculosis, 8. One man died of influenza and 1 woman of colitis. A female voluntary patient was found drowned in a bath in a new part of the nurses' home in January; a coroner's inquest was held.

Fractures of a non-fatal character occurred in 4 men and 3 women; in three cases the patient fell in a garden, one man was pushed by another patient and another threw himself on the floor; one woman fell in a ward, and another broke a leg attempting to kick another patient.

A case of enteric fever occurred in female ward E.1 last July. A complete bacterial test of contacts revealed no patient who was harbouring the micro-organism of this infection.

In 2 wards C. and G.1 at the end of January there were 13 cases of diarrhoea, 2 of which in C. ward were found to be of dysenteric (Sonne) type.

One patient who has been known to be a carrier for some years is segregated in F.G.1 ward under careful nursing.

Four men and 5 women are at present under treatment for tuberculosis; open air conditions are provided in association with other sick, a considerable number of whom were in bed in the ward gardens, the verandah space being sufficient for only a small proportion.

Yesterday 11.4 per cent. of the men and 17.4 per cent. of the women were in bed for mental or physical reasons.

The various resources of modern treatment are applied in the medical and nursing care of patients. The hospital, however, possesses no X-ray plant of its own, use being made of a private portable apparatus.

Reference was made by our colleagues last June to the progress of the new clinic. We have been deeply interested to hear from Dr. Kimber of the developments in the meantime.

The presence of such a unit within the hospital is calculated to stimulate the advance of psycho-therapeutic and other branches of medicine within the wards as well, particularly in view of the system of frequent conferences which are held both in the clinic and in the hospital at which the more recent cases are discussed from various angles for their more complete investigation and special treatment.

Owing to the demands on the time of the social worker, visits to the homes of the new patients have been suspended; information as to factors in the patients' breakdown is thus curtailed, and we trust it will be possible to resume such visits in the near future.

In view of the large and increasing population of the Watford area we hope it will not be long before it is found possible to open an out-patients clinic in Watford itself.

It has been stimulating to visit a hospital where the spirit of progress is manifested in so many directions.

KENT COUNTY MENTAL HOSPITALS.—1. BARMING HEATH.

October 2nd, 1936.

We have completed to-day our visit to this hospital which we started yesterday morning and have been able to see all the wards, shops, and domestic offices as well as many patients working outside in the grounds and farm. Dr. Hancock has assisted us both in our visit of inspection and in discussing several points which were raised in the course of it.

We had several talks with the patients of each side and two private interviews were given to the male patients. All the wards were bright and clean and well supplied with flowers for this time of the year. The chief problem which continually arose during our inspection was the one of overcrowding and its several far reaching effects for instance in ward store-rooms and the like.

According to the figures supplied us there were in residence yesterday 2,038 patients of whom 797 were men and 1,241 women: there are of these 36 male and 29 female patients who reside here on a voluntary basis, while of the temporary patients there are 2 male and 1 female. On the books there are in all 2,051 patients as follows:—

							Male.	Female.	Total
Voluntary	...	...	...	...	...	...	36	29	65
Temporary	...	...	...	...	...	...	2	1	3
Certified	...	...	...	...	...	...	767	1,216	1,983

which includes 60 private (including service and ex-service patients), 56 service and ex-service and 14 out county patients. There are also on leave or trial 8 male and 5 female patients. Since the last visit of the Commissioners it can be seen that there is a further deficiency of accommodation, as the deficiency of day accommodation is now 99 for females and by night 66 females and 55 males.

During the period under review several improvements have been made by the way of decorating and it is pleasing to see in the main entrance to the hospital that some very good Terrazzo has been laid in the hall and on the staircase. We understand that the female wards Nos. 10 and 11 which are particularly overcrowded are very shortly to have verandahs added and that some other wards where the heating arrangements are not entirely satisfactory are to receive attention. We also discussed with Dr. Hancock the replacement of several urinals in the male wards as we feel added accommodation to the lavatories would be most desirable. Experiments with a " Bakelite " w.c. set are being carried out and should they prove successful we gather they will be fitted extensively throughout the hospital. In many of the ward ablution rooms it seems desirable that hot water should be extended to at least some of the washing basins which already have each a

cold water tap, this we understand can be done comparatively easily as in most cases where a hot water tap or taps are needed there is already a hot water supply pipe in the near vicinity.

The foundations for the new admission hospital are nearing completion and those for the two new convalescent villas are to be started very shortly; while discussing new buildings with Dr. Hancock the question of a new female workroom arose as the room used at present seemed very crowded and there was not a great deal of space for the various materials and articles to be used or waiting to be used or repaired.

Occupational therapy is well and efficiently established both on the male and female sides. The centre for the female patients was a hive of industry and some very beautiful as well as useful articles had been and were being made. On the female side of the hospital some wards have ancillary rooms to the occupation centre while nearly throughout all the female wards the darning of the male patients' socks and the like is done by for instance female ward No. 1 repairing the articles of the corresponding male ward.

Returning to the question of overcrowding we feel that while in the future overcrowding may be lessened by the completion of the third County Mental Hospital, something could be done at the moment by transferring some 30 male and 46 female mental defectives who are among others resident in this hospital to-day.

During the 10 months under review there have been 11 cases of erysipelas, 2 of diphtheria and 1 of pellagra amongst the patients: also 2 cases each of diphtheria and measles with 1 of scarlet fever have occurred amongst the female staff. Prompt measures fortunately prevented any spread of infection, a matter of congratulation both to the medical and nursing personnel since the means of isolation in this hospital in its overcrowded state are very limited. There has not been any case of dysentery or enteric and nobody is now on an intestinal caution card. All patients in wards where dysentery had occurred have been investigated and no carriers found. We discussed with Dr. Hancock the desirability of testing newly admitted patients for these diseases and are assured that he will give the question due consideration. The mortality rate for 1935 was 8.2 per cent. for male and 5.2 per cent. for female patients giving a total of 6.4 per cent. for the hospital a figure which compares very favourably with the average for all our mental hospitals.

Thirty-six male and 52 female patients have died since the last visit of our colleagues: 14 and 26 respectively were over 60 years of age. The causes of death (verified by post mortem in 74 instances) included 4 from tuberculosis, 5 from general paralysis, 25 from heart disease and 26 from pneumonia of the terminal type. Inquests were held on two patients one of whom died from asphyxia due to inhalation of food and the other who committed suicide whilst on leave.

There are 3 male and 5 female patients as well as a female nurse suffering from tuberculosis. All of these are being nursed under open-air conditions. We were, however, surprised to find that the nurse was accommodated on the patients' verandah since no separate accommodation exists for sick nurses. In the overcrowded state of this hospital we do not consider that nursing staff should occupy patient's beds and we hope that the provision of other accommodation for such nurses will be a matter for immediate consideration.

Nine women and 2 men have sustained serious but non-fatal injuries (all fractures) since the last visit; 5 of these patients are over 60 years of age. As to causes 2 were due to assaults by other patients, 2 to epilepsy, 1 old lady fell out of her chair and a man fell off a hay cart, the remaining 5 were all due to slipping on floors or while in the garden.

Our investigation into nursing arrangements lead us to the conclusion that Dr. Hancock has a very efficient and sympathetic staff who are on excellent terms with their patients and the ready appreciation of their ministrations is heartily endorsed by us. We think that the system of combining male with female nurses in attendance on male sick is working excellently. While

visiting the sick wards we noticed a new type of bed-rest lately introduced which adapts itself to the patient since it is made of canvas attached by straps to the head and foot rails of the bed. We were pleased to see the newly-erected and well-equipped laboratory which Dr. Hancock has evolved by utilizing and adding to a building adjoining the mortuary which together with the viewing rooms has also been pleasingly refurnished. This important addition of a laboratory has long been needed, and we feel that the medical staff will now have an added interest in research work. Mr. Docker has been appointed as laboratory technician and comes with very high credentials.

The nursing staff consists of 97 male and 147 female nurses, of whom 14 and 27 respectively are employed on night duty. Eleven of the female nurses are employed on the male side.

Sixty male and 53 female nurses are certificated or registered as mental nurses; 15 of the former and 34 of the latter have passed the preliminary examination of the General Nursing Council.

We regret to learn of the death of Lieutenant-Colonel C. F. de Salis, who for the last 13 years had done such excellent work as occupation officer on the male side of this hospital and had been such a great help in organizing games and amusements.

Dr. Hancock has the assistance of Dr. Forsythe as his deputy, Dr. Robbins, Dr. Cuthbert, Dr. Jeffery and Dr. Bell, all of whom are very keen on their work and contribute to a very efficient administration. In passing we would like to record our appreciation of the excellent way in which the case records are kept at this hospital, and we were also interested to hear that Dr. Hancock has inaugurated anti-gas precautions with gas masks, etc., among all the staff, which we feel is probably unique among mental hospitals.

KENT COUNTY MENTAL HOSPITALS.—2. CHARTHAM DOWN.

October 6th, 1936.

Before entering on the report of our visit to this hospital completed to-day, we wish to record our appreciation of the services rendered by Dr. M. A. Collins, O.B.E., who retired from the superintendency of this hospital in May to take up the appointment of Ministry of Pensions Headquarters Inspector. During his 17 years' service at this hospital Dr. Collins used every effort to make his hospital efficient, and his retirement is a matter of regret to patients and staff. Dr. Collins has been succeeded by Dr. C. E. A. Shepherd, to whom we extend our good wishes.

There are in residence 1,441 patients, 657 males and 784 females, while on leave or trial there are 7 male and 8 female patients, and boarded out, 5 male and 10 female patients respectively. One male patient has escaped and is still at large. The numbers on the books are 1,472, of whom 67 are private (including 44 service and ex-service patients), while 15 are out-county patients. There are 41 voluntary patients comprising 25 men and 16 women, and the temporary patients number 1 man and 5 women, making 6 in all.

Overcrowding in Kent is again noticeable in this hospital, where there is a deficiency of day accommodation for 19 males and 160 females, a total of 179. Among the patients in residence here there are some 88 male and 68 female mental defectives, of whom some 20 male and 30 female respectively could be transferred for training, and especially one little girl of some 11 years of age who should be moved as quickly as possible.

It is gratifying to know that the plans for the new admission hospital have been approved by the Committee, and we look forward to the convalescent villa reaching the same stage in the near future. The alterations and enlargement of the workshops is progressing well, and will, when completed—which should be very shortly now—be of great use and a definite improvement.

The new nurses' home which, we understand, will be completed in something like a year's time, will double the accommodation of the already existing and very admirable home. There is in contemplation the making of a canteen adjacent to and serving customers in the recreation hall by reconstructing and using a small room which now serves no particular purpose: this is indeed a big step towards the patients' needs, as at present a messenger does the shopping on most days for the patients and it is only on visiting days that a kind of canteen system exists: the male patients though are able to buy tobacco at their will. Another innovation is the attendance of 3 staff at the Chatham Naval Anti-Gas School, and we understand that training in anti-gas will be extended to all the staff in due time.

Last summer 30 female patients had a most enjoyable and exceedingly successful holiday of a fortnight by the sea at Seaford, and it must have been so much appreciated that we say that this hospital should repeat this experiment and extend this much needed joy to some of the male patients, and we further hope that arrangements can be made and suitable accommodation found.

The "Talkies" are held fortnightly while dancing is interposed, and it is with great appreciation that visiting patients are invited from the Canterbury Mental Hospital to attend the former. Cricket and football are the recreations of the male patients, while the female patients have tennis and croquet. The wards have wireless and are bright with flowers, while it is pleasing to know that in the workers' wards the patients are allowed to stay up till after 9 p.m. when they can read the many books supplied them.

In the laundry we noticed a "Quick Press Ironer," which must be of great value in pressing clothes as well as in saving of time. Since the visit of the last Commissioners occupational therapy has progressed. The new female centre having been opened only about 10 months ago, while the new male centre has only been opened a few days ago, it was possible to see that already patients were able to take advantage of the excellent accommodation. Physical exercises are carried on for both sides—on the female by an instructor from Canterbury who comes once a week, while a staff nurse takes the 3 female classes on the remaining days. The male patients are drilled daily by a male nurse trained in the drill.

We discussed with Dr. Shepherd, who accompanied us to-day on our visit, the desirability of adding lavatory accommodation to 2 female and 3 male airing courts, as we feel this would be of great advantage, while in some of the sanitary annexes to the wards some urinals could be easily and suitably added. We understand also that the whole heating and hot water system of the hospital is to be renewed and modernized, and if some of the washing basins in the ward ablution rooms could be supplied with hot water by extending the hot water pipes it would be much appreciated. We discussed the appearance of the airing courts, and while every endeavour has been made by the nurses to make their gardens attractive we feel they fall rather short of the attractions that could be given them.

The dietary is good and the patients enjoyed their dinners, but the meals could be greatly improved by each ward being provided with proper methods for heating plates and keeping the food hot: this in our opinion is necessary, particularly as some difficulty is experienced in conveying the meals from the kitchen into the wards themselves.

The relations between patients and staff are good and surprisingly few requests for discharge were made—I private interview was given to a woman patient, while we were able to talk in their own language to 3 female patients who were either French or Belgian.

No zymotic disease has occurred during the period of 14 months since this hospital was last visited on behalf of our Board, and the general health has been remarkably good.

At the time of our visit there were 6 male and 3 female patients suffering from active tuberculosis, all of whom are receiving open-air treatment: also 2 male and 1 female patients are infected with malaria contracted abroad.

Active dysentery has been absent for a long time, but in 7 of the male and 8 of the female wards 18 and 12 patients respectively have had the disease and also 1 of each sex has had enteric. These patients are still on caution cards inferring that they are at least potential carriers, but as a matter of fact periodic bacteriological examinations have proved negative, and we think that a review of these cases might lead to the removal of some of the cards allowing the remainder to be concentrated. In connection with these diseases we have discussed with Dr. Shepherd the desirability of investigating all new admissions: he has promised to give the matter consideration.

The number of patients in bed to-day was 39 males and 64 females, comparatively few of whom were so confined for physical illnesses. The majority were either bedridden senile patients or for mental reasons.

Our enquiries into the nursing arrangements for the sick and other matters connected with these wards lead us to believe that the standard of efficiency is well maintained.

The total mortality rate of 7·3 per cent. for 1935 compares favourably with the average for our mental hospitals, though the female rate of 9·3 per cent. is rather on the high side.

Since the last visit 42 males and 70 females have died, rather more than 50 per cent. of each sex being over 60 years of age. The causes of death verified by post-mortem examination in 70 instances include 10 each from tuberculosis and general paralysis, 33 from heart disease and 30 from non-tubercular pulmonary conditions. The high numbers of the last two causes are accounted for by the large number of senile patients included. There have also been 6 inquests, 3 of which were on patients dying by their own hand, 2 by misadventure and 1 due to natural causes. The circumstances of all the deaths have already been reported to our Board.

Three male and 17 female patients have sustained serious but non-fatal accidents, 14 of which were fractures. In 6 instances the injury was caused by another patient, 3 were due to falls in fits, 1 each the result of breaking glass and self injury; in 1 the cause was unknown and in 8 falling resulted in fracture.

In connection with falls as a cause of injury we note that 1 woman slipped when walking near the general kitchen, and we would call the Committee's attention to the uneven condition both of this flooring and that of the kitchen, which also makes cleaning very difficult.

The out-patients' clinic held weekly at the Kent and Canterbury General Hospital continues to progress, and Dr. Shepherd is hoping to open another in the Dover area in the near future.

Many more ward clinical rooms have been established on the female side since the last visit. Individual case files are now kept in these rooms; the notes are very full and informative.

We visited the pathological laboratory, where a trained assistant works under the supervision of Dr. McCowan. Much useful routine work is done here, but at the moment no special research is in progress.

Malarial treatment has fallen into disuse in favour of sulphosin, but we understand that the former may be revived.

We went very thoroughly into the question of ward hygiene and the treatment of fouled laundry, and we believe that both these matters receive efficient consideration.

In the course of our inspection we visited the mortuary, etc., a building which lacks modern conveniences and equipment. We discussed this matter with Dr. Shepherd, and believe that with some internal alteration a nice viewing-room could be made and the post-mortem-room brought up to date.

The nursing staff consists of 75 male and 75 female nurses by day, with 9 and 19 respectively for night duty. Sixty-nine of the male and 33 of the female nurses are certificated or registered as mental nurses, while 4 of the former and 9 of the latter have passed the preliminary examination. No female nurses are employed in nursing male patients.

Dr. Shepherd has the assistance of Dr. F. C. M. Taylor as his deputy, with Drs. A. K. McCowan, D. Starr, and W. G. Glassco, all of whom, with the exception of the last-named on leave, accompanied us during our visit, giving every assistance.

LANCASHIRE MENTAL HOSPITALS.—1. LANCASTER.

January 23rd, 1936.

We have spent the whole of yesterday and the greater part of to-day in the inspection of this large hospital and its dependencies. On the first day of our visit there were resident in the hospital 2,901 patients, in the proportion of 996 men to 1,905 women. These numbers include 19 voluntary patients (of whom 15 are private patients) and no temporary patient.

We are sorry to see that very little advantage is being taken of the beneficent provisions of the Mental Treatment Act in the area served by this hospital. During 1935 only 13 voluntary patients were received—giving a percentage of under 3 per cent. in relation to the total of direct admissions (451). Temporary patients during that year numbered 2, one of whom recovered and the other died. It is apparent from these figures that the Mental Treatment Act is practically a dead letter so far as rate-aided admissions are concerned, and, while we fully realize the difficulties that exist in the shape of overcrowding and the absence of an admission hospital, we are sure that, if the full co-operation of the public assistance authorities were obtained, many more patients would be found to take advantage of its provisions. As regards temporary patients in this connection, we would refer to Circular 805 which was issued by our Board in January 1935, and to the memorandum attached thereto which set out clearly the three possible courses now open for securing treatment in a mental hospital. We were informed that of the 451 direct admissions in 1935, 121 (approximately 26 per cent.) were received direct from their own homes.

It was obvious to us during our tour of the female side that a good many of the day-rooms, particularly at the main building, were overcrowded, and we were therefore not surprised to find on referring to the statistical returns furnished to us that there is a deficiency of day space on that side for 153 patients. The night space is also overcrowded to the extent of 76 males and 57 females. The first step towards reduction of this serious overcrowding would appear to be the removal of the considerable number of defectives who are at present inmates in the hospital.

We note that of the 231 patients discharged in 1935, 6 men and 2 women, or a total of 8 in all, were allowed out on long leave or trial, and that none of these were granted money allowances. Of the 2,901 patients at present resident in the hospital only 1—a man—is at present on trial.

We are glad to know that the Secretary of the North Lancashire Voluntary Association for Mental Welfare fulfils the functions of a social worker at the 2 out-patient clinics. A large hospital such as this, however, requires a whole-time social worker. The first duty of this officer would be to report upon the environmental and other factors contributory to the illness of each newly-admitted patient. This information will undoubtedly prove to be of the greatest value to the medical officer dealing with the case. The social worker, also, by making contact with the home will be able to render good service by improving the chances of the successful rehabilitation of patients sent on trial or discharged; moreover, the supervision exercised by this officer will doubtless enable the Committee to send many more patients than has been the case in the past on trial to their homes or to the care of suitable guardians.

We spoke with many of the patients and found them generally uncomplaining. Requests for discharge were somewhat numerous but no complaints of substance on any other score were made to us. It was satisfactory to see

that new types of underclothing are being provided for the women approximating closely to those worn nowadays in the outside world. If a Pantograph or machine of similar type could be employed for making these garments, satisfying stamping would be avoided.

An innovation of much importance since the last visit is the installation of several film apparatus, enabling talking pictures to be given on five afternoons a week for the patients. This provision, together with the installation of wireless in all the wards and at The Villa, has done much to improve the amenities of the hospital from an entertainment point of view. Other new work since the last visit includes the provision of a motor vehicle to haul the Dennis fire engine, this being one of the recommendations in respect of fire brigade equipment made by the chief officers of the Manchester and Liverpool Fire Brigades after inspection, all of which have been carried out. A large number of insulated trolleys and insulated equipment have been purchased for the conveyance of food from the kitchens to the wards and are proving of great benefit. Work is at present proceeding on the erection of a dining room and kitchen for the use of nurses being out, and amongst work contemplated is the extension of the Roman Catholic church. Plans for the admission hospital are at course of preparation.

The wards, day-rooms and dispensaries were generally in good condition, though little progress has been made, since one of us visited 8 years ago, in renovating the old-fashioned sanitary annexes or installing hot water in them. We were somewhat surprised to find that in a number of wards there are not sufficient bath towels to enable a separate one to be used for each patient. Other points that struck us were the want for coat hanging facilities, the absence of toilet paper in the male private ward, and the necessity for the nurses in some of the male wards to make the desirability of storing the scrubbing brushes used in the sanitary annexes, when not in use, entirely separate from the remaining scrubbing brushes: in other hospitals it has been found useful to have a scrubbing brush of different shape made for use in the sanitary annexes and thus avoid possible confusion.

One of us visited the laundry and was surprised to find what we had suspected from inquiry at the wards, namely, that there seems to be no comprehensive check of the number of articles dispatched to and received from that department. We discussed the distribution of linen and washings with the Medical Superintendent, and, in that connection, recommended the installation of a cold storage tank, using as a disinfectant one of the bleaching preparations of which we gave him a note.

It is disappointing to find that practically no progress has been made at this hospital in recent years in the organisation of occupational treatment. The handicraft mistress is occupied in supervising the work in the sewing room where, additional to patients engaged in sewing, some 25 other women are employed in various handicrafts. The variety of handicrafts provided is quite good, and it seems a pity to us that the supervision of the sewing room work proper cannot be delegated to one of the assistants there, and thus give the handicraft mistress time and scope for extending occupations to the wards. If a portion of the sewing-room was then partitioned off an occupation centre could be formed which could be used for the training of the nurses, whom after a few months' experience in the simpler occupations could take charge of the work in their own wards. We should also like to see attempts made to occupy the very large number of chronic male patients who are at present to be seen completely unemployed in most of the wards on that side. We are aware that the organisation of occupations on a really comprehensive scale presents a difficult problem, but would emphasise that it is in our view a most desirable and, indeed, necessary form of treatment. It can now be seen working on sound lines at a hospital not very far distant, which we hope Dr. Saphron will be able to find time to visit shortly.

We have also discussed with Dr. Sephton the possibility of inaugurating physical drill classes, a subject to which he told us he was already giving consideration.

We visited the villa where the female private patients are accommodated. The premises were in excellent order and very comfortable in every way. We suggest, however, that the establishment of a hair-dressing department would be much appreciated there.

We paid a visit to the library and were glad to have the opportunity of meeting the chaplain, the Rev. L. C. Davies, who supervises it with great energy and zeal. There is a large stock of readable books, many of which are now received from the County Library. We thought the library accommodation very cramped, and hope that at no distant date other premises may be found to house it, with the addition of a reading room.

We heard some account of the work at the out-patient clinics held at The Royal Infirmary, Lancaster, and the North Lonsdale Hospital, Barrow-in-Furness. At the former 98 attendances were made during 1935, while at the latter, where sessions are held fortnightly, attendances totalled 74. We understand that the question of holding weekly sessions at Barrow-in-Furness is under consideration, and have no doubt that this is desirable from the treatment point of view.

The mortality rate for 1935 was 10.7 per cent., whereas for 1934 it was 5.7. The increase seems to be due chiefly to the number of aged patients who have died during the last year. Arterio-sclerosis was the cause in approximately one-third of the 206 deaths that have occurred since last March, when our colleagues last visited. The other chief causes were heart disease (29), pneumonia (22), general paralysis (19), and epilepsy (13). Post-mortem examinations were made in only about 22 per cent. of the cases.

An inquest was held in one case only. The injuries which resulted in the patient's death had been received prior to admission. A verdict of "Suicide while insane" was returned.

Marked progress has been made in the elimination of epidemic disease at this hospital. Since last March the only new cases have been 7 of influenza, 2 of dysentery, 4 of erysipelas, and 3 of colitis. The complete absence of new cases of enteric fever is most gratifying. The adoption of a new method of examination has resulted in the detection of 11 carriers who had hitherto been missed. The method is indicated in a recent publication of the Medical Research Council—"The Isolation of Enteric Carriers" by Professor Brown-ing, Cruickshank and others. A great deal of work of high standard is being done at the pathological laboratory.

Eleven patients, all except 2 being women, have sustained fractures. In nine cases the injuries occurred accidentally: in the remaining two they were received in the course of altercations with other patients.

In the sick wards we discussed with the responsible medical officers the clinical condition and treatment of individual patients. At the time of our visit 354 patients (males 110, females 244) were being nursed in bed. With comparatively few exceptions these patients were senile or suffering from some physical complaint; every effort is made to give these patients the advantage of recent methods of treatment, but obviously, in the absence of a properly equipped admission hospital, the medical and nursing staff are seriously handicapped. We were glad to know that it is proposed in the near future to install fixed wash-basins in all the sick dormitories.

The dentist attends two half-days each week. This arrangement, however, does not enable him to meet the requirements of this large hospital. We understand that dental treatment is at the present time the subject of special consideration by the Board.

The average number of patients to each nurse in the day-time is 11.1 and 54.9 at night-time. Fifteen female nurses are employed on the male side.

LANCASHIRE MENTAL HOSPITALS.—2. RAINHILL.

July 23rd, 1936.

We began our inspection of this hospital on the 21st instant and continued it during yesterday and to-day. As the result of a very thorough survey we are satisfied that the high reputation of Rainhill for sound administration and general efficiency is being fully maintained by Dr. Reeve and his staff.

The hospital generally is in good order and the furnishing leaves little to be desired either for the needs or the comfort of the patients. We hope, however, when occasion serves that the Committee will find it possible to replace the older and worn-out furniture in certain rooms of the main building which contrast unfavourably with that which exists generally throughout the hospital.

Since the last visit, plate warming cabinets have been installed in several further wards, and in the laundry a safety-locking device has been fitted to seven hydro-extractors and two washers of modern type have been installed. Much important work is at present in hand. The new recreation hall at the main building has been commenced and the large onion-room and stores at the main building are being converted into an occupation centre for men. In the garden a new vegetable house and potting shed is being erected, and in the laundry annexe the wash-houses are being extended and new machines are being provided.

We have seen the site of the proposed new admission hospital, and are very favourably impressed with its position and possibilities. We understand that plans for two convalescent villas are at present in the hands of our Board, and we are satisfied that such villas will provide needed and useful accommodation which will materially relieve the congestion of the two large buildings. The conversion of the hall at the main building into a kitchen is contemplated, the present kitchen being used for a workroom and occupation centre. A new house for an assistant medical officer is proposed and we are assured that it is very necessary.

The hospital remains very overcrowded, there being an excess of 125 men and 247 women by day and 60 men and 85 women by night.

There are to-day on the books of the hospital 1,389 men and 1,523 women, a total of 2,912. Of these, 2,911 are in residence and 1 parole male, who escaped, is still at large.

During the year 1935, the number of direct admissions was 403, and of these no less than 181 males and 187 females, a total of 368, were admitted as certified cases from public assistance hospitals. During the same period only 1 male and 2 females were admitted as certified cases from home. The whole of the 31 voluntary came from home, as did the single female temporary case. We regret that the provisions of the Mental Treatment Act are made so little use of by the public assistance authorities. The private patients now on the statutory books number 139 males and 1 female. Of these 135 males are service patients. The hospital contains 7 male and 6 female out-county cases. The weekly maintenance charge is 19s. 3d. for home patients, 23s. for service and ex-service cases, and 22s. 9d. for criminals. The present charge for voluntary private patients is at the discretion of the medical superintendent.

Thirty-five male patients are allowed full parole and 114 male and 89 female cases, a total of 203, are granted parole within the hospital estate. In connection with this question 2 male wards, the villa ward of the main building and the annexe house are open to the grounds, as also in the case of the women in ward 14 of the main building. The villa ward in particular has a very homely appearance, and we are told that residence in it is much appreciated and sought-for by the men.

During the past 9 months 133 patients have been secluded for a total of 12,049 hours, a reduction to one-third since the last visit, which recorded 76,000 in 18 months. This reduction is highly satisfactory, as in the explanation given to us of the amount previously recorded. At the time of our visit 6 men were in seclusion, 1 of these accidentally.

The patients generally were unusually quiet and contented, though in certain wards a number of turbulent patients were met with. The nursing

arrangements are very satisfactory and we were impressed by the management of the large sick-ward, No. 18, at the annexe, where the female sick patients in general are congregated. Here no less than 129 patients were in bed. We feel that the nursing staff are at a disadvantage owing to the distance that it is necessary to carry water for purposes of ablution. It may be possible to fix wash-basins at some convenient centres. In certain wards we noticed somewhat inadequate bathroom accommodation, for example, in ward 22 at the main building and ward 12 at the annexe, and trust that measures can be taken to provide a remedy.

The clothing generally is neat and in good condition, but we are not impressed by the pale blue colour of several of the trousers and coats of the men, many of whom were wearing trousers and others coats of this colour. We think a little more could be done regarding the clothing on the male side, and we would like to see a large proportion of the women wearing coats rather than shawls.

We note with satisfaction that the uniforms of the male and the female nurses are made in the tailor's shop and sewing-room respectively, and that much attention is paid to the supplying of the female patients with properly fitting and suitable dresses.

We saw during our visit an excellent dinner of corned beef, potatoes and cabbage, with bananas and custard. Bread and butter were supplied in abundance. We also saw a tea where each patient was provided with a boneless kipper, an addition which we noticed was very popular.

The diet as a whole is abundant and varied. We were sorry to note the custom of supplying metal mugs instead of cups and saucers, and also metal plates, but were glad to note that china dishes were in use in many wards. We hope that the custom of providing patients with crockery ware will become more general.

We were interested in, and impressed by, the standard of handiwork which is being done both at the appropriate centres and in the wards. The patients attending the class held at the main building are much introverted and would have been unemployable in any of the utility services of the hospital. We should like here to refer to the good work done by one of the medical staff—fostering such out-door hobbies as the keeping of fowls and rabbits with the help of an expert member of the staff, and the making and managing of small gardens. This useful work is being performed for the pleasure of, and in the interests of, the patients concerned, and not as a part of a hospital industry. There is, nevertheless as may be expected in a hospital of this size, a very large number of unoccupied patients who must provide great scope for the further development of the various possible kinds of occupation therapy. For example, a beginning could be made by the institution of a class for younger patients in physical exercises and simple drill.

Amongst the many highly efficient services of the hospital we should like to mention the book-binding department, where thousands of books are handled, repaired and re-bound by the bookbinder with the help of patients. We were shown some 6,000 volumes which have recently been presented from the County Library. The supply of books and newspapers in the wards is satisfactory, but we note with pleasure that a permanent whole-time chaplain is proposed, who will have charge of the library and from its ample resources be able much to improve and to extend the ward-service.

Dr. Reeve drew our attention to the records represented by graphs of the annual mortality rates at this hospital for the last 50 years. With the exception of the war period there has been a general tendency for these rates to decrease and that for 1935 (6·5%) was the lowest in the history of the hospital. It is of interest to note that the graph for the total mortality rate and that of deaths due to tuberculosis were almost parallel during the whole period.

Since the Commissioners' last visit, a period of 9 months, there have been 132 deaths. Post-mortem examinations were made in 64 cases. The conditions featuring most prominently amongst the causes of death are arterio sclerosis (21 cases), heart disease (19 cases), pneumonia (18 cases), general paralysis (14 cases) and tuberculosis (11 cases). Inquests were held on 2

deaths. In both cases the patients had sustained fractures a few days before they died. The verdict returned in each case was death from misadventure.

During the months between November of last year and March of the present year there were 29 cases, all male patients, of dysentery of the Flexner Y type. One male nurse also became infected. In the course of the last 2 months there have been 10 cases, all females, of the Sonne type of this disease. The fact that each type has been restricted to patients of the same sex indicates independent sources of infection. The thoroughly efficient methods of collecting specimens of excreta and of examining these, together with the precautions adopted in nursing the patients, afford the best possible safeguards against the spread of infection. One feature of the treatment of chronic cases is of great interest. A definite amelioration of the clinical symptoms has been effected in a few cases by inducing pyrexia with pyrer. As this form of treatment has been tried during the last few months only, it has not yet been possible to establish any conclusive results, but full records are being kept of this course of treatment.

The list of serious casualties for the period under review indicates that 7 patients, 2 males and 5 females have sustained fractures. Five were fractures of long bones; 1 patient fractured his pelvis by falling from an upper window, another a lumbar process and another the bones of a large toe. Radiological examinations are made in all cases in which a fracture is suspected and we were impressed by the excellence of the films we saw in the X-ray department.

A high standard is maintained in the pathological laboratory. In addition to the routine examinations, much work of highly technical character is being done. Local public health authorities and other hospitals avail themselves of the exceptional facilities provided by this well-equipped laboratory and its expert staff.

At the time of our visit there were 294 patients—96 males and 198 females, 7 per cent. and 13 per cent. respectively, of the total number in residence, being nursed in bed—large numbers of them were senile and comparatively few patients were kept in bed solely on account of their mental condition. Full use is made of the numerous verandahs, and we were glad to find that the greatest discrimination is exercised in choosing those patients to be nursed in open air. The standard of nursing is most creditable, especially in view of the difficulties inevitably associated with nursing large groups of sick patients.

Three out-patient clinics are held, each of one session a week, at the Bootle General Hospital, West Lancashire Voluntary Association Offices, and the Stanley Hospital, Liverpool. During 1935, 165 attended the two first-mentioned clinics with a total number of 640 attendances. The Stanley Hospital Clinic was re-opened last November and up to the present 64 patients, with a total of 247 attendances, have been seen at this clinic.

Excluding sub-officers, there are 345 nurses for day duties, 46 charge and 299 ordinary nurses. At night 62 nurses are on duty. We note with gratification that 21 female nurses are engaged in nursing male patients. The number of certificated and registered nurses is 191, and 64 have passed the preliminary examination. We would like to see a room well equipped with models, charts and apparatus for demonstrations provided for the nurses' classes.

Consequent upon the promotion of 3 of its members to posts at other hospitals the work of the medical staff has been carried on in exceptional circumstances during the last year. Dr. Reeve has now the assistance of Dr. Denning, who is Deputy Superintendent, and Dr. Hull, Dr. Howie, Dr. Roberts, Dr. Mackenzie and Dr. Wilson. Recently Mrs. Corbett, who had given valuable services for many years as Matron of the annexe retired, and Miss Hill now occupies this post.

In conclusion, we wish to acknowledge the kind and courteous manner in which Dr. Reeve has facilitated our work in every possible way during the past 3 days.

LANCASHIRE MENTAL HOSPITALS.—3. PRESTWICH.

March 19th, 1936.

Our visit to this hospital has occupied the whole of the past two and a half days during which we have been able to visit all parts of it.

It is difficult even to describe the conditions under which the work of the hospital is being carried on. Three of the female wards at the main building (6, 7 and 8) are being re-built and male wards 6 and 7 are undergoing renewals to foundations and repairs to brickwork. In addition, it had recently been considered desirable to re-test the drainage system throughout the hospital. This work, which cannot but proceed gradually, involves considerable excavation, thus adding to the difficulties from the point of view of accommodation of patients and general administration. At the moment it is almost impossible to form an opinion as to what further work in connection with the drainage, if any, may be necessary, and whether it is wise in the circumstances to undertake redecoration in many of the wards or other work, such as the repair of the surfaces of the airing courts, which would in ordinary circumstances be very desirable.

We understand that the Committee are awaiting a report upon the hospital buildings generally from a specially appointed architect which it is hoped will be received very shortly.

Dr. Gifford is putting every ounce of energy into the difficult task before him, and we are glad to say that, despite all the disturbance and inconvenience which continually assail him, he appears to have been able to avoid the health and general contentment of the patients being upset.

There are at present resident in the hospital 2,384 patients, in the proportion of 1,161 men to 1,223 women, 12 of the former and 9 of the latter being voluntary patients: no temporary patient is in residence at the moment. Two hundred and thirty men and 14 women are shown as private patients, of whom 226 males are in the service or ex-service class. Owing to the disorganization caused by the re-building of various wards, etc., the calculation of accommodation according to prescribed space allowance is impossible. It has, of course, been found necessary to overcrowd a number of the wards to accommodate patients displaced by rebuilding operations, etc., and, needless to say, classification has suffered to some extent, though we think that the displaced patients have been disposed of to the best advantage.

Due to the difficult conditions prevailing, admissions have been cut down to the minimum, and as many patients as possible have been temporarily transferred to other hospitals. Thus admissions during 1935 have only numbered 41; we are glad to note that 22 of them were received as voluntary patients.

Good progress has been made in the period under review with the reconstruction of the sanitary annexes in many of the wards and the installation of the new heating system is approaching completion. The remodelling of the cow houses, grain store, and hay barn at the farm has also been completed.

Having regard to the disturbed conditions in existence we thought the contentment amongst the patients remarkable. We should, however, like to see further modernization of the women's under-clothing attempted with a view to closer approximation to the type usually worn in their homes. We understand that some of the ladies of the Visiting Committee take great interest in the female clothing and perhaps they would consider the desirability of the provision of more modern undergarments for those women who do not wish to wear the old-fashioned type at present issued. In one male ward which we visited we found that no patient wore the night-shirt provided for him; the charge nurse of the ward did not appear to appreciate the desirability of a change into night attire.

We have discussed a number of points connected with the laundry with Dr. Gifford and hope that when general conditions become more settled the question of ward stocks may receive further consideration.

During our tour of the wards we could not fail to be struck with the shortage of cloak-room accommodation. We understand that this question is receiving consideration. Other points we noted were : the desirability of some form of screen between the baths in the female general bathrooms and the need for improving facilities for storage of toothbrushes. A start might also be made in substituting small tables for the long tables at present in use in the dining rooms of some of the better conducted wards, thereby improving classification at meal time. The top lights in the male reserve dormitory cannot at present be opened owing to lack of winding apparatus, resulting in an overheated atmosphere.

Visiting the kitchen we concluded that the installation of a mixer would be of advantage as enabling greater variety in the diet.

In connection with the diet it may be desirable to mention that we had complaints from 3 or 4 male patients (both at the main building and at the annexe) on the score of a shortage of bread at breakfast time. We investigated this matter very carefully, and, as the result, concluded that the issue was sufficient. Dr. Gifford, with whom we discussed the matter at length, told us that he had recently cut down the amount of bread actually placed on plates on the tables to prevent waste. We are satisfied that existing arrangements are satisfactory in this respect.

We inspected the new shippens at the farm and also the room for storing the milk. At present the churns are only washed out with hot water, and we think a steam jet, over which they could be inverted, would be an improvement; there is in fact a steam main in close proximity to the milk storage room from which an extension could easily be made for the purpose.

We were interested in the occupational work which is conducted in a few of the wards on both sides. Where a start has been made the treatment is conducted on therapeutic lines and the variety of occupations is quite good. We appreciate that the extension of this form of treatment presents difficulties in present circumstances but hope that consideration will be given to the question of training as many nurses as possible with the existing facilities with a view to extension of scope when more normal conditions prevail.

Since the visit of our colleagues on April 4th last year there have been 4 cases of enteric fever and 7 of dysentery affecting both sexes in about equal proportions. There have been 12 new cases of tuberculosis and at the moment 3 men and 11 women are under treatment for this condition.

Of the more serious disorders, other than the former, pneumonia affected 17 male patients and, in fact, the incidence of the infective disorders has been heavier on the male side than on the female.

The isolation and treatment of cases suffering from acute infective disorders and of carriers of dysentery or enteric present a difficult problem at this hospital. Stringent precautions are taken to prevent the possibility of old cases or carriers being a source of infection to other patients and in this work the laboratory is playing its important part. Nevertheless we must draw special attention to the unsuitability of the isolation block (Farm Cottage) at the annexe for the purpose which it now serves, or indeed, for habitation as a ward of a modern mental hospital. The situation calls for radical alteration and we sincerely hope that consideration of a site and possible plans for a new isolation unit will receive early attention. There is, apparently, no alternative accommodation for the whole of these patients elsewhere.

The average number of patients resident during the year 1935 was 2,471 and the mortality rate (per cent.) for the year was 4.3 for both males and females. Since the last visit 92 patients have died, 54 men and 41 women, and in 39 per cent. of these cases post mortem examinations were held. Pneumonia and bronchitis, affecting the sexes in about equal proportions, accounted for 26 of the deaths (28 per cent.), heart disease 29 per cent., while general paralysis (7 males and 2 females), and tuberculosis (1 male and 6 females) were the chief of the remaining causes of death.

The nursing staff consists of 193 male and 218 female nurses of whom 26 and 32 respectively are detailed for night duty. Approximately 36 per cent.

of the men and 14 per cent. of the women are certificated in mental nursing. We are glad to learn that particular attention is now being paid to the training of candidates for their nursing certificates and hope that there will be a considerable improvement in due course in the above percentages. It is gratifying in this connection to know that steps are being taken to ensure that nurses receive full and appropriate training in the various wards.

Dr. Gifford is assisted by Dr. T. P. Curran as Deputy Medical Superintendent, and by Drs. G. Talbot, Alice McGlashan, W. M. Parry Jones, M. Patricia Clarke, G. Williamson, I. Sutton, and J. A. Hobson as assistant medical officers.

The last three are recent appointments.

LANCASHIRE MENTAL HOSPITALS—4. WHITTINGHAM.

April 29th, 1936.

Our visit to this hospital has occupied the whole of yesterday and to-day. During it we have visited all parts of the Institution, and to-day we had the pleasure of meeting the members of the Visiting Committee.

Yesterday, there were on the statutory books the names of 1,590 men and 1,671 women, all of whom were actually in residence. These numbers include 25 voluntary and 8 temporary patients. Patients designated as "private" number 136, of whom 126 men are in the service or ex-service class.

There has been a slight increase in the number of patients admitted in the voluntary and temporary categories during 1935, approximately 9 per cent. having been received in the former and 2 per cent. in the latter class, we are glad to note that the percentage of temporary admissions this year up to date represents over 6 per cent. of the total direct admissions. Owing to overcrowding the admission of voluntary patients is not being pressed.

Both sides of the hospital are over-crowded at present to the extent of about 155 patients. Plans for dealing with this overcrowding and improving the accommodation in various ways, including the provision of a nurses' home and the re-construction of the administrative block are under consideration.

Apart from re-decoration, a good deal of which is in progress at the present time, no work of note or alterations or additions have been carried out during the period under review.

During our tour of the wards we endeavoured to give every patient desirous of speaking to us an opportunity of doing so. Complaints, other than on the grounds of detention, were very few and related, in the main, to absence of visits by their friends and relations. We understand that a record of the visits is kept in the Hospital, and that a letter is written to the responsible relative where patients are not visited for six months. We hope that this excellent practice is adhered to and appreciate fully the difficulty of getting relatives to visit in certain cases. It was apparent to us throughout our visit that great efforts are made to provide entertainments for the patients and to make their lives as happy as possible.

In this last connection we were sorry to hear that little progress has been made with the suggestion to install sound film apparatus. The problem of the acoustic properties of the recreation hall presents great difficulty and its solution has been held up by the death of the expert who was advising upon it. We are glad to know that the Committee have the matter under active consideration and hope their efforts may soon be crowned with success. The scheme for the installation of wireless has not yet materialized. We would urge that it be proceeded with as soon as possible, as we regard wireless not only as an excellent form of entertainment but also as very valuable from the point of view of enabling patients to keep in touch with the outside world.

Generally the clothing of the patients appeared satisfactory, though in some of the male wards the supply of overcoats was insufficient to provide

one per patient. We were also informed that the majority of the able bodied and working patients at the old Annexe refused to wear night shirts. We regard this practice as unhygienic and, though we realize the difficulties here, our experience at other hospitals has convinced us that they can be overcome by concerted effort on the part of the staff. Improved type of underclothing is gradually being issued to both sexes, and we were interested to hear that a sub-committee has the matter of the further improvement of the women's garments under consideration.

We discussed the provision of hairdressing facilities for the women with Dr. Grant. He fully approves of the idea and has been considering the allocation of a room for the purpose but, owing to overcrowding, etc., is finding great difficulty in selecting one in a suitable spot.

The wards generally were in good order and well supplied with games and indoor amusements for the patients. We could not, however, help noticing the inadequacy of the sanitary spurs at the main buildings where the w.c. provision works out at one to over 20 patients. The cloak-room accommodation there is also very meagre comparing most unfavourably with similar provision at the West Annexe where we were glad to observe that coat hanging fitments have been installed. Attention is required to the top windows in Male Ward 5. These are the only real means of ventilating the single rooms in this ward, and, when we asked for three of them to be opened yesterday, none could be opened, it being obvious that no effort had been made to open them for some considerable time.

We were surprised to find that no washing list or book is kept by the charge nurse of the wards here, nor is any check kept in the laundry of the garments and articles received from the respective wards. It is considered that a sufficient check is imposed by the keeping of ward inventories (checked annually by the sub-officer concerned) and the marking of articles belonging to the wards with the ward number. We have discussed this matter, which is mainly an administrative one, with Dr. Grant.

Occupation therapy has not made as much progress in this hospital as one had hoped, and is still on a narrow basis, as is evidenced by the fact that of the 891 men (57 per cent.) and 889 women (54 per cent.) returned as employed approximately 57 and 45 per cent. respectively are shown as doing ward work only. The variety and standard of work in the male occupation room is good, but although 6 male nurses have received training in this centre no extension of the treatment to the wards has been found possible. On the women's side, while the work in the occupation centre is not so satisfactory, some effort has been made to extend the treatment to the wards, though here also only the fringe of the problem has been touched. The occupation centres—one on each side—are at present far too small, accommodating as they do about 25 patients each. Preliminary requirements appear to be:—(1) the provision of additional and larger occupation centres on each side; (2) an organized scheme for the training of the nurses; (3) the provision of simple graded occupations for the more retarded patients. Good features in connection with the existing occupation work are the keeping of a well thought out form of progress reports and the provision of gardens adjacent to the centre, where male patients do gardening work under the supervision of the occupation officer.

On enquiry into the question of physical training and remedial exercises we found that no organized system exists, though Dr. Grant agreed that such activities were of much value for a considerable proportion of the patients. We hope an attempt will be made to start organized classes at no distant date.

In writing the above paragraph we are not unmindful of the excellent variety of out-door games and recreations which are provided for the patients at this hospital. The institution is fortunate in the possession of a number of fine recreation grounds of which good use is made. A recent innovation in this connection is hockey for the women. The patients are also very well catered for in the matter of indoor amusements, some form of entertainment being provided in the recreation hall on every evening of the week, as well as frequent performances by the hospital band in the wards in the day time.

Library arrangements are well thought out and the number and condition of the books in the ward shelves was satisfactory. The daily issue of newspapers to the wards is 169 (43 wards) on week days, and 52 on Sundays. Weekly periodicals provided number 138 and approximately 2,000 other periodicals and magazines are circulated per annum.

Approximately 6 per cent. of the men and just over 2 per cent. of the women enjoy full parole, while 20 per cent. of the former and approximately 5 per cent. of the latter have parole within the grounds. The extensive estate belonging to the hospital permits more freedom from restriction in these respects than most hospitals. We were glad to hear that about a third of the male patients are allowed to sit up till 9.30 p.m.

The most important feature of the medical statistics for the current year is the number of patients who have suffered from dysentery. There have been no fewer than 50 cases (26 males and 24 females); 18, all women, are active cases at present. In addition 29 patients have had diarrhoea, but the bacteriological findings were negative. One of our colleagues visited the hospital early this month to confer with the medical superintendent and the medical officers in regard to this epidemic. In the circumstances it is unnecessary for us to comment in detail upon this matter. The most recent case occurred on April 9th, and, therefore, it will be necessary to exercise the closest observation for some time yet on all contacts. Further, to prevent the spread of infection, we recommend the installation in the laundry of a cold water steeping tank for disinfecting the woollens and flannels by means of some bleaching disinfectant.

At the time of our visit there were 288 patients (male 127, female 161) being nursed in bed. Good use is being made of the verandahs attached to the sick wards, and we were glad to find that much care is exercised in choosing suitable patients for verandah berths. Comparatively few of the patients were in bed solely on account of their mental condition. All the women patients suffering from dysentery, and needing to be nursed in bed, were properly segregated in one dormitory. But both in the main building (ward 7) and in the old annexe (ward 20) male dysentery carriers are being nursed in dormitories with large numbers of other sick patients—an arrangement which is obviously unsatisfactory. Some of the sick wards have fixed wash-basins with hot and cold water laid on, and we should like to see these facilities in all the sick dormitories.

Another item of the statistics, relating to infectious diseases, to which we would call attention is the number of erysipelas cases (males 3 and females 12). Four of these patients died.

The mortality rate of 6.3 per cent. for 1935 is slightly lower than the mean rate (6.8 per cent.) for County and County Borough mental hospitals. Post mortem examinations were made in only about 55 per cent. of the cases. Since the Commissioners' last visit there have been 265 deaths, the chief causes being heart disease (74), pneumonia (32), confusional insanity (29), general paralysis (28), and epilepsy (15). Seven inquests were held. In 4 cases the verdict was "accidental death". In two others death was attributed to misadventure and in the remaining case death was due to natural causes.

During the period under review 18 patients have sustained fractures or dislocations. In eight cases the injury was sustained by falling accidentally. Five others were injured by falling in a fit, and the remainder were the result of altercations with other patients. We examined the casualty books in several wards and are satisfied that all injuries are recorded systematically. When it is borne in mind that in several of the day rooms there are more than 100 patients, the number of casualties is reasonably low.

We discussed with Dr. Grant the desirability of appointing a social worker as a member of the hospital staff. Such an officer is now employed by several mental hospital committees, and her services are valued highly. The social worker, by tactful investigation of the environmental factors contributing to the patients' illness, can give information of the most helpful character to the medical officer who undertakes treatment of the patient.

Also, when patients are fit to return to their homes, she can do much to ensure their successful rehabilitation. In many other ways this officer can be a potent link between the hospital and the patient's home. The appointment of a social worker is, in our opinion, long overdue at the largest mental hospital in the country.

It was with much pleasure that we heard of the recent appointment of two members of the staff as consultants. Dr. A. E. Baynor has been appointed radiologist and attends the hospital two sessions a week; and Dr. W. Sykes as ophthalmologist, attends once a month. There is also a scheme for the appointment of a dentist, who will devote his whole time to this and one of the other Lancashire mental hospitals.

The out-patient clinics at Preston and Blackburn continue to function well. Dr. Grant is in charge of that at Preston. The number of patients attending this clinic in 1935 was 58, with a total of 157 attendances. Since last October Dr. Allan has been in sole charge of the Blackburn clinic, and the numbers there are still more encouraging. During the last three months of the year 50 patients attended the clinic and the attendances amounted in all to 186. The clinic at Burnley is held only once a month and the number of attendances is small.

The nursing staff consists of 218 male and 351 female nurses, of whom 31 and 36 respectively are detailed for night duty. Seventy-four per cent. of the men and 35 per cent. of the women are either certificated or registered in mental nursing, but the registration of 37 of the former and 6 of the latter was without examination. No female nurses are employed on the male side.

Dr. Grant is assisted by Dr. S. M. Allan, as Deputy Medical Superintendent, and 6 other medical officers. We should like to express our thanks to Dr. Grant for the facilities extended to us during our visit.

LANCASHIRE COUNTY MENTAL HOSPITALS.—5. WINWICK.

March 26th, 1936.

We have spent the whole of the past 2 days and this morning in the annual visit to this hospital and have been impressed by the general atmosphere prevailing. It is evident that much trouble and forethought is exercised to ensure the comfort and welfare of the patients.

To-day there are resident in the hospital 1,187 men and 1,279 women, these numbers, with the addition of 2 male patients who are on trial and 1 man who has escaped, making up the total of 2,469 patients whose names are on the statutory books. Four patients of each sex are in residence as voluntary patients and there are 5 female temporary patients. Patients in the service or ex-service class number 49. There are no private patients. Owing to the general shortage of beds in Lancashire, and also to the rebuilding and other operations now going on at Prestwich Mental Hospital, it has been found necessary to cut down admissions to the minimum. The number of direct admissions for the year 1935 was thus a low one, totalling 274, and the discharges in the same period were 121, of whom 83 are shown as "Recovered." The population of the hospital is becoming static.

In the circumstances mentioned above it is not surprising to find that considerable overcrowding, to the extent of 305 patients by day and 259 patients by night, exists. One measure which is being taken to alleviate the situation as far as possible, is the conversion of the old sewing-room to provide sleeping accommodation for about 40 female patients. Other measures are, we understand, receiving consideration, and the proposed new admission hospital and convalescent villas will, of course, in due time reduce the deficiency of accommodation.

During the year 1935 4 men and 8 women were received as voluntary patients and 5 women as temporary patients. With the exception of 3 of the temporary patients, all the above were received direct from their own homes, but the remainder of the direct admissions for the year, numbering

260, were all admitted under certificate. We realise the difficulty, mentioned in the last entry, with regard to the admission of voluntary patients, but see no reason why the number of admissions on a temporary basis should be so low. It is apparent in the first place that practically all direct admissions pass through public assistance institutions, and we cannot but feel that if the relieving officers, acting as authorised officers under the Act, received further guidance as to the lines upon which they should operate, and the question of potential temporary patients was discussed with the medical officers in charge of observation wards in the public assistance institutions, benefit would result. An increase in the number of temporary admissions would not mean an increase in the total number of admissions, as the patient suitable for temporary treatment would presumably have to be admitted to mental hospitals in any case on account of his condition, the only change being that of the status in which he is received.

A variety of improvements of considerable importance have been effected during the period under review. The laundry has undergone considerable structural alteration and has been completely re-equipped with machinery of the latest type. The old ironing room has been converted into, and equipped as, a sewing-room, capable of holding about 100 patients and an occupation room to accommodate 80 women patients or more. An entire turbo-generating plant, comprising 2 new generators, pumps and switch-panel has been installed. Work now in progress includes the installation of radiators in 235 rooms and the building of 40 cottages for the staff. The electric wiring throughout the whole of the hospital and its out-buildings and farms is also being renewed.

During our tour of the hospital we spoke with many of the patients and found them, in general, cheerful and obviously well cared for. Recently attention has been paid to the women's clothing, and we saw some undergarments of suitable and modern type which are now made in the sewing-room and issued to the younger female patients. The outdoor and indoor clothing for both sexes appeared satisfactory, including footwear. Each patient is provided with indoor shoes and there is a good stock of bedroom slippers in all wards. As is to be expected in the case of a somewhat static population, such as that of this hospital in existing circumstances, we received a number of appeals for discharge. After careful investigation, however, of each case, we are satisfied that none of the patients concerned is at present fit for return to the community.

We visited all parts of the hospital and found them well maintained and in good order. The day-rooms, dormitories, and galleries were very clean and well kept. We were especially pleased with the state of the sanitary annexes and the tidy condition of the cloak-rooms on both sides. In the latter we were glad to see that coat-hanging fittings had been, or were in course of being, provided. We noticed that the only toilet paper provided is in the form of strips of newspaper. This practice is, we consider, unhygienic and not in conformity with that adopted in modern hospitals. Two items which we believe would add materially to the contentment of the patients may be mentioned here. The first is the installation of sound film apparatus. As to this we understand that reports from an expert which the Committee has received indicate that the acoustic properties of the recreation hall are bad and that considerable expenditure will be necessary to remedy the defects; we hope nevertheless that the Committee will be able to see their way to the necessary expenditure, as from our experience elsewhere we are convinced that talking pictures come foremost in the amusements appreciated by the patients. As to the second suggestion, the provision of a canteen here has, we believe, been mentioned in previous entries, but we ask the Committee to reconsider the matter. Canteens are now provided in the great majority of mental hospitals in this country, they pay their way in a short time, do not take up much room, and enable much to be done for the benefit of the patients.

We spent some time in the occupation room on the female side, where we found some 75 patients engaged in a variety of useful and interesting

crafts. There is a good variety of occupations and use is made of waste material. Handicrafts, chiefly rug-making, are also carried on in a number of the wards and in general it can be said that a good start in occupation therapy has been made in this division. We noticed, however, that there was only 1 nurse assisting the occupation officer in the occupation room; both from the point of view of the instruction of the patients in handwork and of the training of the nursing staff in crafts, we should like to see this number increased if in any way possible. If this form of treatment is, as we hope, to be largely extended and expanded in the wards, the training of a considerable number of nurses in as short a time as possible is desirable and the occupation room is the proper centre for that purpose. The room at present in use on the male side as an occupation centre is too small and we hope that more commodious premises will soon be provided. Even taking into consideration the number of male patients employed on outdoor work the percentage of employed patients on this side is only 54 and of these last 58 per cent. are ward workers. There is evidently considerable scope for extension of occupational treatment for the male patients. We are glad in this connection to hear that a selected male attendant is now going through a course of instruction in handicrafts at Calderstones Mental Deficiency Institution.

Much progress has been made in recent months in the matter of physical exercises and other recreational activities, including dancing for patients. Classes in physical drill attended on an average by 50 to 80 female patients, are held three times weekly and there are also classes for the men on 3 days a week. Yesterday we saw women from 2 of the more deteriorated female wards undergoing physical training and marching at the hands of a medical officer (Dr. Anne Robertson) in the recreation hall and were well pleased with the progress made by these patients in the comparatively short time she had been instructing them. There is no doubt that the patients were benefiting from the exercise and their demeanour clearly showed that they enjoyed its performance. We feel that Dr. Robertson is to be congratulated heartily on the assistance she is giving Dr. Rodgers in this direction. We also saw a class of young men doing physical exercises in the open air. The training appeared to be suitable and was well carried out. The only suggestion we have to make in regard to this form of treatment is that we should like to see the younger patients' classes of both sexes provided with suitable costumes and shoes. The costumes could be made at very slight expense in the sewing room and from our experience elsewhere we are sure that the provision of these would be of benefit in stimulating interest as well as in allowing free access of air to the body.

This hospital has always made very good provision for patients in the way of outdoor games and amusements and we are glad to find that it continues to do so and is at present increasing facilities for the purpose. There are 3 recreation fields and, in addition to inter-ward games of cricket and football a patients' match takes place weekly. Hockey for the women, in which the female staff join, has recently been started. There are also walks for men round the estate twice weekly. Two additional bowling greens and a putting green are at present under construction.

The day rooms are well supplied with flowers and the supply of indoor games, including billiards and bagatelle tables is satisfactory. Since last visit the supply of newspapers to the wards has been considerably increased and evening and Sunday papers are now provided. The number of periodicals for the wards has been increased from 100 to 150 per week.

We were interested to hear of proposals for extending and re-organizing the library. The room at present used for this purpose has been found too small and it is proposed to extend the accommodation by taking in the room next door which will be utilized as a reading room and quiet room as well as for storage of additional volumes. It is hoped eventually to have 100 books in the shelves of each ward. In some of the wards these shelves,

which are double cases, are at present kept locked, but in future the shelf on one side will be kept locked but patients will have free access to the books in the other shelf.

The library is ably conducted by the Church of England Chaplain (Revd. S. M. Wickham) and when visiting it we took the opportunity of discussing matters connected with the church services which he holds for the patients and his visits to the wards. All appeared to be on a very satisfactory basis and we were pleased to hear that the church of England services held on Sunday mornings were attended by from 200-300 patients. We also visited the Roman Catholic church which was in good order and suitably furnished.

Parole of the grounds is allowed to 44 men and 12 women and 1 male ward is open to the grounds. One male and 2 female wards are open to the ward gardens only. Full parole is accorded to 87 men. Closely allied to parole is the privilege of being allowed to sit up after the majority of patients have gone to bed. We enquired as to the practice on this point and found that the inmates of 3 wards, and a few in another ward, enjoyed this privilege, totalling in all over 300 patients.

As stated above we consider that further accommodation for occupational therapy, especially on the male side is desirable. In this connection we have read the suggestion made by the Chairman of the Visiting Committee after he had visited the isolation hospital on the 10th of this month. If the proposal contained in his report of that date is adopted, we would recommend that, in the event of an outbreak of infectious disease, the infective patients should be accommodated in the isolation hospital rather than that the temporary buildings (to be used for occupational therapy) should be transformed into isolation wards.

We visited the laboratory and, though no particular research work is being carried on at the present time, we learned that a very considerable number of routine and special investigations are made in association with the clinical work of the wards.

Dr. Nicole, Deputy Medical Superintendent, will shortly be publishing the result of follow-up investigations into cases of general paralysis treated by malaria (only) 10 or more years ago.

Members of the medical staff attend two centres for the treatment of early mental disorder, 1 at Warrington Infirmary is under Dr. Nicole, and the other, at Bolton Infirmary, is under Dr. Quine. The number of patients presenting themselves for treatment is high and it would seem that a weekly session at the Bolton Infirmary would be of greater value than fortnightly as at present. In the absence of any special accommodation for the reception of selected cases it is desirable that as intensive treatment as possible should be afforded at these clinics.

We understand that while a member of the West Lancashire Association for Mental Welfare is very helpful in connection with the Bolton clinic, in ascertaining factors which may have been contributory to the breakdown of patients seen there, there is no organized after-care system in connection with this hospital. Knowledge of the factors referred to is now generally recognized as an essential in the treatment of patients and the ascertainment of environmental factors is equally necessary in preparation for the return to civil life of patients about to be discharged. We should like consideration given to the question of provision of this valuable service in some organized form.

It is gratifying to learn that arrangements have now been made for the appointment of a full-time dentist whose services will be available for this and a neighbouring hospital. The need for such an officer has been appreciated by the Committee, and this appointment, together with the full time services of a dental mechanic, also a recent appointment, should render the oral conditions amongst the patients satisfactory.

It is also pleasing to learn of the appointment of a visiting ophthalmic surgeon who will attend the hospital regularly once a month. A room has been set aside and equipped specially for his use.

We are satisfied that the patients in bed are in receipt of proper medical and nursing attention and that good use is made of the verandah accommodation for the treatment of as many patients as possible. The number in bed on the female side amounted to 13·6 per cent. and to 5·8 per cent. on the male side. In the main confinement to bed was due to physical illness and the number in bed for mental reasons was notably small.

Of the nursing staff 46 per cent. and 23 per cent. of the male and female nurses respectively hold the R.M.P.A. Certificates; every endeavour is being made, we believe, to raise this number to approximate to the average for all mental hospitals.

We have examined the dietary and have also seen, on both days, a good dinner served to the patients. We are glad to know that, in addition to the fixed meals, it is the custom to give all workers a small luncheon between breakfast and dinner and for female working patients a cup of tea in the afternoon.

Since the last visit there has been no case of dysentery or of enteric. Of the other infective disorders there have been 25 fresh cases of tuberculosis (15 men and 10 women) giving at the time of our visit a total of 19 men and 16 women suffering from this complaint.

Of the causes of death during 1935, heart disease 31 deaths (21 per cent. approximately) and senile decay and arterio-sclerosis 31 (21 per cent.) account for the highest proportion, while tuberculosis 22 deaths (15 per cent.) assumes second place in order of importance. Bronchitis and pneumonia (8·8 per cent.), general paralysis (8·8 per cent.) and cancer 11 deaths (7·5 per cent.) are other of the main causes. The total number of deaths since the last visit was 147, and in 49 per cent. of these post-mortem examinations were made.

There have been 6 inquests, the facts of which have already been communicated to our Board. In 5 of these the Coroner recorded a verdict of "Death from natural causes" while in the sixth a verdict of "Suicide while of unsound mind" was returned.

Of the serious but not fatal casualties, fractures predominate in importance and in all but 1 of these, in which the fracture was due to action of another patient, the casualty resulted from accident.

We have perused a number of clinical records and have found them in order and well kept.

Dr. Rodgers accompanied us throughout our visit and we are grateful to him for the arrangements made for our comfort.

LEICESTERSHIRE AND RUTLAND MENTAL HOSPITAL.

August 6th, 1936.

We have to-day visited this hospital on behalf of our Board, seeing all the patients and conversing with many, some of whom made complaints in regard to detention and others of matters arising from delusions, but we also received expressions of gratitude. Our own impression is that the general administration and nursing care is very good, but we venture to suggest that patients who are no longer considered suicidal should be removed from caution wards and that where an observation dormitory is divided into two, such as male 1, an additional night nurse should be supplied; also we are of opinion that every patient irrespective of status or mental state should be supplied with a face towel.

In the day-rooms we were pleased to see the ample provision of books which are changed fortnightly at the central library where some 2,000 carefully selected books are stored. Replenishment is made by purchase from Messrs. Boots and by gifts from public libraries: old books are not rebound, which we think must in some instances be regrettable both on account of the loss of a favourite book and for the employment which book-binding

would give. There is a good supply of newspapers which in some wards are on reading stands, a method which we hope will be extended, and writing materials are always available.

There is a well managed canteen in which 2 male patients are employed and from which visitors and patients can obtain light refreshments to be consumed *en famille* in the pretty little garden which Dr. Drury has constructed or in the gallery out of which this opens.

The grounds are very tastefully laid out and the same remark applies to some of the ward gardens.

Most of the dormitories are overcrowded, but apart from this we found them very well kept and comfortable with lockers for the personal property of such patients as are capable of looking after them.

The half padded-rooms are of old design and in our opinion insanitary. Many of these could, we believe, be rendered more serviceable by removing the padded floors and in situations where they are necessary for seclusions we would like to see rooms of modern construction substituted.

We notice that nowhere except in the common bath-rooms are dressing gowns provided; we suggest that each dormitory should have a supply for night use.

The clothing generally is satisfactory and we noted that in many wards a rail with coat hangers has been provided for clothing not in everyday use: we would like to see this system extended to articles in constant wear as the present method of hanging by neck tapes or by collars soon spoils the appearance of the article and detracts from the personal self respect.

In general we found that the nursing staff is fully alive to the importance of ward hygiene and particularly to the cleanliness of sanitary annexes, but in a few instances the necessity for keeping scrubbing brushes and cloths used for lavatories apart from general cleaning materials was not carried out.

We saw an excellent dinner of tripe with onion sauce, followed by fruit pudding, which was enjoyed by all, and from our examination of the dietary presented to us we are satisfied that this is varied and full.

All wards are provided with wireless, pianos, and a variety of indoor games, including billiards and bagatelle for the men.

The recreation hall has been very tastefully redecorated and regular entertainments and dances are held here, as well as talking cinema exhibitions.

The usual farm and outdoor occupations employ the working male patients for the most part, and 1 or 2 are to be found in the tailors, boot mending, upholstery, and engineers' shops. A printing shop has been added recently with 1 male patient to help, and a few are employed in the stores and kitchen. The female patients find outlets for their energies in the laundry, sewing-room, and domestic work. In the laundry we saw 3 female patients helping in the fouled section; we do not like this association and suggest that their future employment in this capacity should receive further consideration.

There are a considerable number of mentally defective patients of both sexes for whose suitable training little can be done: the women were however, receiving some simple instruction in low grade handwork, but we hope that their removal to more suitable institutions will be possible in the near future.

Occupation therapy at this hospital can hardly be said to be organized, though a certain amount was going on in the lower wards on the female side. This matter is, however, having Dr. Drury's attention and provision by way of buildings is under consideration. In the meanwhile we would suggest that a start might be made with physical exercises.

Amongst alterations and improvements made since the last visit mention has already been made of the redecoration of the recreation hall; also two new revolving shelters have been added in the garden of female ward 1 and all 4 were in occupation to-day. Extra sleeping accommodation on the female side is contemplated and 2 new blocks each for 60 chronic patients of both sexes are to be erected. A new six roller calender is an addition to the laundry which is foreshadowed.

From the returns made to us there are in residence and on the books 829 patients in the proportion of 356 males to 473 females: 13 of the former and 22 of the latter are voluntary patients and there are 3 temporary patients on the female side. The direct admissions since January 1st this year show 16 male and 14 female voluntary patients, and 1 and 5 respectively as temporary patients. Both these classes show an increase over similar returns for 1935. Of the present numbers 42 males and 40 females are private patients and 21 of the former belong to the service or ex-service class. There are also 3 male and 10 female patients chargeable to other authorities.

While 2 male and 1 female wards are administered on the open-door principle, the isolation hospital is open to the grounds. Twelve men have full parole; 130 men and 45 women enjoy the freedom of the grounds.

The weekly cost per head for home patients is 21s. and for private patients 42s.; the average weekly maintenance cost as last ascertained being 21s. 3½d. per head.

The overcrowding in this hospital represented by figures returned to us shows that by day there are 42 males and 58 females in excess of the statutory accommodation, whilst by night the excess is represented by 32 men and 60 women. This matter is engaging the attention of Dr. Drury and his Committee.

The average number of patients resident during 1935 was 346 males and 456 females—a total of 802. The mortality rate per cent. during this period was 7·5 for the males, 6·3 for the females, and 6·8 for both sexes; almost exactly that found in mental hospitals generally.

Since the last visit paid by our colleagues on September 17th, 1935, 63 patients have died (28 males and 35 females). Post-mortem examinations were conducted in no less than 54 cases (86 per cent.). Of the 63 deaths, 48 occurred in cases over 60 years of age (76 per cent.). In only 1 case, a female aged 87 suffering from a fractured femur, was a bed-sore patient at death. Four cases died from tuberculosis, 11 from heart disease, and 8 from pneumonia, and in no less than 31 instances cardio-vascular degeneration was given as the cause of death. One male voluntary patient committed suicide. On this and on 1 female patient inquests were held and the circumstances fully reported to our Board.

During the period under review 3 serious but non-fatal casualties, all accidental fractures of bones, have been recorded.

The hospital is very free from infectious disease. In July last a small epidemic of influenza occurred, involving 5 female patients and 2 female members of the staff. Four male and 1 female patients are at present suffering from tuberculosis. No special isolation measures are being adopted in the case of these, but reasonable precautions against infection are employed. The health of the patients generally is excellent and only 15 males and 13 females are confined to bed.

During our tour of the laundry we noted the methods employed for dealing with soiled clothing and we think that in many respects these could be improved upon.

The male and female infirmary wards possess excellent verandahs which are put to full use during suitable weather, but on the female side are employed at night only if weather conditions are inclement. Each of these wards is provided with a well-equipped clinical room.

Lectures and demonstrations to the nursing staff are given in the library with the help of useful models and other practical aids.

We inspected and should like to express our satisfaction with the well-equipped laboratory and X-ray room. With the assistance of a trained laboratory assistant all necessary pathological and bacteriological investigations are carried out very efficiently and without the need of outside help. The efficient X-ray department is conducted by Dr. Drury and we were shown many excellent results of his work. We trust that in the near future several other departments of the hospital which are somewhat out of date will be arranged on equally modern lines.

An out-patient clinic is held fortnightly at the Royal Infirmary, Leicester.

The nursing staff consists of 41 male and 52 female nurses, of whom 6 and 7 respectively are on night duty. Thirty-one of the male and 14 of the female nurses are certificated or registered as mental nurses, while 5 of the male and 8 of the female nurses have passed the preliminary examination.

We regret to hear of the serious illness of the Matron, and we hope that her present progress will be maintained.

In the absence of Dr. Drury, who was on leave, we had the assistance of his deputy, Dr. Prentice, who gave us much useful help during our visit. In addition to these 2 gentlemen the medical staff includes the new junior assistant medical officer, Dr. Sheldon, who has only just arrived, and Dr. Stewart, who is acting as *locum tenens*.

LINCOLNSHIRE (LINDSEY AND HOLLAND) MENTAL HOSPITAL, BRACEBRIDGE.

May 8th, 1936.

We have spent the whole day yesterday and part of to-day in visiting this hospital and would like to repeat what has been said at former visits as to the care and thought given to the patients' general treatment and welfare.

If in the report of our visit to-day we emphasize certain disadvantages against which the medical and nursing staff have to contend it is not through any lack of appreciation of all that has already been done to mitigate them.

In the first place the excess of patients over the prescribed space allowance is 35 by day and 93 by night. This overcrowding is very apparent in the dormitories and involves risk of infection as well as adding to the difficulties of treatment. In addition, no suitable space is available for occupational treatment outside the wards and the accommodation for nurses has, we believe, long been recognized as quite inadequate. The only nurses' sitting-room is used as a patients' visiting-room on 2 days in the week and their cubicle-bedrooms fall far below the standard now usually expected. We feel sure this must contribute to the difficulty experienced in getting an efficient and stable nursing staff and, in this connection, would refer to the small proportion of the women nurses who hold the R.M.P.A. certificate in comparison with the men.

We discussed with Dr. Macarthur possible means of reducing the numbers in the hospital.

The first need appears to us to be the removal of the many mentally defective patients to be found in several of the wards and at Red Hall. On grounds of economy this is probably the best solution of the overcrowding, whilst the removal of the imbeciles and idiots from the wards would be a relief in the treatment of the other patients. From the point of view of the higher grade mentally defective women and the children also there would be advantages in removing them to a colony where they would be amongst patients of their own mentality.

The second possibility we should like to suggest is that an attempt should be made to board out some of the stabilized patients either with relatives or with selected guardians. We realize that some expenditure would be involved in finding guardians and in providing the necessary supervision: for this skilled social service is required, but although the total cost might be little less than the maintenance charge in the hospital, it would release a certain number of beds and, we believe, add to the happiness of those patients who could be boarded out.

The urgently needed nurses' home would be a further means of relieving some space in the hospital for other purposes.

If action on any of the above lines is found to be practicable we believe it would open out possibilities for further developments of treatment throughout the hospital which Dr. Macarthur has in view but which cannot at present be realised.

We have referred to the development of occupational treatment and, although workshops and centres are much needed, it is very satisfactory to see the beginning that has already been made. On the male side the deputy inspector, 2 deputy charge nurses and an attendant were sent for a fortnight to the Clifton mental hospital and have returned full of enthusiasm. A good variety of occupations has been introduced into the wards for all types of patients and good work is also being done, though under bad conditions, in basements which were the only occupational workshops available. On the women's side an occupations' officer visits on 4 days in the week and a handi-crafts class is held by 1 of the nurses. In Outlook House it was satisfactory to find nearly all the patients occupied with interesting work; in the female wards we hope the work will continue to expand, especially as regards the training of the nurses and the occupation of the deteriorated patients.

The new clothing provided for the younger women has been greatly improved and the old type of institutional clothing is being discontinued except for the old people who dislike any change. It is satisfactory to see that nightshirts are now being worn by the men and that pyjamas are provided in Outlook House. We had the advantage during our visit of discussing with Dr. Macarthur and Dr. Kennedy certain minor domestic details which will be looked into further.

Since the last visit a water tank has been provided for fire protection and a corridor on the male side has been converted into a visiting room. No further alterations have been made to the sanitary annexes which are old-fashioned and in some wards provide insufficient conveniences.

There has been rather more zymotic disease in the hospital during the 12 months since the last visit than we are accustomed to find. There was a case of scarlet fever, 7 cases of diphtheria, 1 of typhoid and 1 of paratyphoid, all in female patients; and 3 cases of diphtheria amongst the female staff. Erysipelas has attacked 6 male and 5 female patients and 1 of the former is still under treatment. Pulmonary tuberculosis has affected 1 male and 5 female patients and there were to-day 2 of the former and 9 of the latter under treatment.

There is no dysentery in the hospital and, except for a stray case in 1933, there has not been any during the last 9 years; 3 cases of acute diarrhoea have occurred during the period under review, each due to causes other than dysentery.

The number of patients in bed to-day for physical reasons was not large; many were there for mental reasons only and some on account of old age though, considering the large senile population, these were surprisingly few.

The general arrangements for nursing are good and the care and attention on the male side is of a particularly high standard.

The mortality rate per cent. for 1935 was the exceptionally low one of 5 per cent. (6 per cent. males and 5 per cent. females).

Forty-three male and 42 female patients have died during the last 12 months of whom 26 and 23 respectively were over 60 years of age. Post-mortem examinations were held in 61 instances. Amongst the causes of death are 8 from tuberculosis, 16 from general paralysis and 29 from circulatory diseases. One male patient committed suicide whilst out on trial and 2 female patients died as the result of accidents; all 3 were the subject of coroners' inquests and the circumstances have already been reported to our Board. Bed sores existed at the time of death in 3 female patients.

Non-fatal casualties (all fractures) have been rather numerous, 5 men and 16 women, and out of this total of 21, 6 were the results of actions by other patients; 5 of these accidents occurred in patients of over 65 years of age.

The case notes are carefully kept and we wish to place on record our appreciation of the intimate knowledge of their patients displayed by the medical officers as well as by Dr. Macarthur, which we found most helpful in individual enquiries during our inspection.

There were to-day 1,399 patients in residence, in the proportion of 638 males to 761 females. Eleven male and 4 female patients are on a voluntary basis and there is also 1 male temporary patient. Eight certified patients are on trial or long leave and 2 female patients are boarded out under Section 57 of the Lunacy Act, 1890, giving a total of 1,409 patients on the books; 48 male and 6 female patients belong to the private class of whom 42 male are service and ex-service patients. There are also 3 female out-county patients.

The weekly maintenance charge per head for home patients is 20s. 5d., for private patients 29s. 9d. and the average weekly maintenance cost as last ascertained is 19s. 6·9d.

The direct admissions during 1935 were 125 males and 139 females of whom 21 and 11 respectively were voluntary patients and 2 females were admitted as temporary patients.

There were no temporary admissions during 1934 and these figures, therefore, show an improvement in that category and they also show a slight increase in the number of voluntary patients. We feel, however, that fuller advantage could be taken of the provisions of the Mental Treatment Act by closer co-operation between this hospital with its out-patient clinics and the main sources from which patients are derived, such as the county practitioners, poor law infirmaries and general hospitals.

Dr. Macarthur has to assist him Dr. Kennedy, Dr. MacKenzie, Dr. Munro and Dr. Fenn. Dr. Munro is at present on leave and Dr. Ellison is undertaking his work temporarily.

LINCOLNSHIRE (KESTEVEN), SOKE OF PETERBOROUGH, AND BOROUGH OF GRANTHAM MENTAL HOSPITAL, RAUCEBY.

November 5th, 1936.

This morning we finished our visit started yesterday to this hospital and were conducted throughout by Dr. Henderson who was of great assistance to us. We believe we have seen all the patients in residence and we give below particulars of the statistics placed before us.

There are on the books 494 patients of whom 241 are men and 253 women : all these patients are here under certificate with the exception of 6, 4 of whom are voluntary patients and the remaining 2 temporary. Later in this report the advantages of the Mental Treatment Act, 1930 will be mentioned.

Among those on the statutory books there are the following patients :— Private (including service and ex-service patients), 14 men and 5 women; service and ex-service patients, 12 men; out-county patients, 1 man and a woman; now on leave or trial, 1 woman; which leaves in residence 241 men and 252 women making a total of 493.

The overcrowding in this hospital is again evident by the fact that there is a deficiency of accommodation both by day and by night for 14 male and 42 female patients. The average weekly maintenance cost is 22s. 4d. per patient. Amongst the many mental defectives here there are 13 male and 7 female patients who should be, if possible, provided with other accommodation.

The new house for the clerk and steward has now been completed, together with several additions to the staff cottages : we were also able to see the proposed A.M.O. house and nurses home in the earlier stages of erection. As yet the new female parole villa has not been started but we inspected the new admission hospital, the male side of which is nearing completion. Dr. Henderson told us that this and other structural additions were most unfortunately likely to be delayed in completion owing to unforeseen difficulties : this is a pity as the early completion of these buildings would tend to lessen the overcrowding in the hospital and give further scope for the necessary development of the advantages to be obtained by increasing the number of

temporary and voluntary admittances. However, progress can be maintained in spite of these accommodation difficulties such as the appointment of a social worker whose services we contend would be very beneficial to many patients here already : the time also seems to have arrived when the appointment of a second assistant medical officer would be opportune in view of the fact that the admission hospital is expected to be completed by June, 1938, and that the present medical staff for existing needs is only just sufficient. The services of an additional assistant medical officer, if only non-resident to start with, would be of value in many ways.

The wards on both sides of the hospital are very clean and pleasingly decorated and the patients well cared for and contented, but we think that hot water laid on to the washing basins at any rate in some of the ward ablution rooms would be beneficial : this would also be appreciated in the male parole villa. Two billiard tables need renovating and the substitution of some arm chairs for the high back settees in male west ward would add to the comfort of the patients. The male and female epileptic wards each have added a new and much needed padded room.

The laundry is very brightly decorated, and the kitchen, too, where a new stove has been installed; the redecoration of the back kitchen and vegetable room is, we understand, to be carried out in due course, but the floors of these 2 rooms are in a bad state and will need consideration. In the laundry a steam clothes press and a wire protector to the calender are needed.

Dr. Henderson discussed many matters with us, including the necessity for some apparatus which if provided in each ward would enable the food and plates to be heated and so add greatly to the amenities of the service. The dietary is full, well balanced and we were pleased to see that a large proportion of butter is supplied as well as home-made jam, fruit for which is provided by the hospital orchard.

The entertainments of the patients are many and include weekly dances and the "Talkies" : a new talkie apparatus has just recently been installed to ensure that the patients can hear perfectly.

Twelve men and 18 women enjoy parole beyond the estate, while within the grounds more of both sexes are able to enjoy parole. Occupation therapy progresses here on both sides under the instruction of the staff, who receive training in this art by instructors who visit the hospital from time to time : there is both a male and a female occupation room where we witnessed some very good results including some particularly fine painting by one of the men patients.

The general health has been uniformly good during the 14 months covered by this report. Influenza has been absent and neither dysentery nor epidemic diarrhoea has ever occurred, but there has been another case of enteric fever in spite of the annual immunization of both patients and staff. There are now 12 patients, all females, who have had enteric, and these are distributed in four wards according to mental condition. Their supervision is as satisfactory as it can be in the circumstances. Two male patients suffering from active tuberculosis were being nursed in open air conditions and there are also 3 others, 2 men and 1 woman, in whom the disease is quiescent.

Fifteen male and 22 female patients were in bed to-day, of whom 8 and 12 respectively were so confined for mental reasons, or being recent admissions, and many of these were on the verandahs : very few were in bed on account of senility and a good proportion of these sit up during some part of the day.

The sick nursing arrangements we found quite satisfactory and noticed that a few of the patients were occupied in handiwork. The wards are bright, cheerful, comfortably warmed and exceedingly well kept. We would, however, like to suggest that there is a real necessity for wash basins with hot and cold water for the use of the medical staff in each of the hospital wards, and we would also like to see permanent sanitary conveniences on the verandahs in view of the fact that these wards will continue to be used for bed cases after the admission hospital is opened. We also discussed with

Dr. Henderson the desirability of providing urinal stalls in the general wards, a matter which will receive his consideration.

Amongst the amenities to be provided in the admission hospital is a portable X-ray apparatus, but we venture to suggest that this should be acquired now and so obviate the inconvenience of sending patients to Lincoln, some 20 miles away.

The pathological laboratory is at present used solely for routine purposes, all specimens needing expert examination being sent either to London or Nottingham. In the admission hospital provision has been made for a better equipped laboratory, and we hope that this may lead to the development of pathological investigations *in loco*.

The mortality rate per centum for 1935 was 6 for males and 8 for females, with a total of 7 for both sexes comparing favourably with the average for our mental hospitals during that year.

Since the last visit there have been 45 deaths in nearly equal proportions between the sexes : 69 per cent. of these deaths occurred in persons of over 60 years of age.

No bed-sores were present at death, and the causes of death, verified by autopsy in 29 instances, do not present any features of special interest nor were any inquests held.

Four out of the 5 serious but non-fatal accidents (all fractures) reported to us have occurred in women, and all 5 patients are, with 1 exception, advanced in years. Accidental falls were accountable for 4 of these fractures, the remaining 1 being due to the action of another patient.

The nursing staff consists of 38 men and 35 women, 6 of each sex being on night duty and 1 female nurse engaged in nursing male patients. It is satisfactory to note that 24 of the male and 15 of the female nurses are certificated or registered as mental nurses, while 4 and 7 respectively have passed the preliminary examination. The facilities for lectures and demonstrations to nurses are very complete, and we can readily believe that the nursing staff have an excellent teacher in the Matron—Miss Harding.

Dr. Henderson has the assistance of Dr. H. C. Aslett, who also accompanied us during our visit.

LONDON COUNTY MENTAL HOSPITALS.—1. BANSTEAD.

August 5th, 1936.

During the statutory visit extending over 2 days we saw all the wards and ancillary premises where patients live and where many take a part in the activities of the hospital. During the past few years there has been a gradual development of the use of occupation as a therapeutic measure, and we are glad to find that there is increasing interest in the spread of class centres in the male and female wards as well as in the older female occupation centre. Plans have recently been approved by our Board for the erection of a male occupation centre and an extension of the existing room for women. It is intended that these centres shall act as rallying points for the more extensive work in the wards. The recent appointment of a male occupation officer has stimulated the work on the male side, and we observed in some of the ward classes patients under training who would otherwise have been entirely unoccupied and uninterested in their surroundings. We congratulate the staff of this hospital on their courage in attacking this most difficult problem of retraining mentally deteriorated patients rather than working solely with easier human material.

The training of staff in this work is making considerable progress. We saw fresh evidence that the nurses realize the mental and physical benefits accruing to the patients from their own enlightened activities.

While in a large hospital like this one the work being done represents only a fraction of what will need to be undertaken; it is a good omen that the beginnings of the problem have been tackled successfully.

We paid particular attention in some of the wards to the methods used in the nursing of patients who are physically ill. The work is well done though in some few wards we found the equipment below the normal standard. The buildings are old and lack of space in two instances would prevent the installation of modern and adequate equipment. We have no doubt that this matter together with the repainting of the walls in some other wards will receive attention as soon as funds are available. The newly painted wards on the female side are attractive.

The new admission hospital of 102 beds (51 for men and 51 for women) has been in use for some time and is working well. The patients appear to be receiving skilled attention under excellent conditions though we would like to see some fuller decoration of the gardens around the building. We were informed that gardening will be used here to interest and occupy patients for whom such treatment is appropriate.

After a full discussion on the methods adopted to provide for patients the usual facilities for their personal activities, the care of hair-brushes and tooth-brushes, the use of individual towels, lockers for use by day and by night, the storage of private and spare clothing, we were glad to find that wherever the arrangements were below the usual standard steps had been taken to provide gradually the equipment required. Differences of opinion on these matters are common enough to permit the view that many different methods may satisfy the requirements of groups of patients who must live together and store their property under conditions that are unusual in private houses.

This hospital is well equipped for medical treatment of patients suffering from mental illness. The medical records are well kept and show a good standard of medical work.

The supply of books in the wards was adequate though many were old and to us not interesting. The bookbinding department is active and bound magazines provide popular reading material.

The number of patients on the statutory books is 2,813, of whom 1,207 are men and 1,606 are women. There are to-day in residence 1,181 men and 1,563 women, a total of 2,744.

There are vacancies for 13 men and 11 women by day but by night there is overcrowding to the extent of 19 men and 57 women. Sixty patients (23 male, 37 female) are out on long leave or trial.

During the year 1935 there were admitted directly to the hospital 84 voluntary, 25 temporary and 378 certified patients, a total of 487.

The average weekly maintenance cost as last ascertained was 25s. 2d.

The mortality rate per cent. for 1935 was the low one of 5.7. Since the last visit nearly 17 months ago there have been 182 deaths. Post-mortem examinations were carried out in 78 per cent. of these.

General paralysis of the insane was responsible for the deaths of 10 male and 1 female patients. Two male and 5 female patients died of tuberculosis. In the same period 18 male and 20 female patients were under treatment for this illness as well as 1 male and 2 female members of the nursing staff.

The male tuberculosis patients are nursed in a ward with a verandah. On the female side conditions are less satisfactory in that it is only possible to get the patients into the open air in fine weather.

Dysentery has attacked 1 male and 14 female patients, the incidence of cases being spread out over the period since the last visit, and the deaths amounting to 3, all females.

Sonne infection was responsible for the cases which have occurred during this month. No patients are now regarded as actively ill from this disease, though 1 or 2 are convalescent.

The possibilities of infection having been brought in from outside or of water borne infection are under consideration. All water for drinking is at present boiled.

One case of enteric fever occurred last autumn and a recent case is now under treatment as is another with clinically suggestive symptoms but negative

bacteriological findings. All are female patients whose infection originated in wards where old cases are segregated. None have died.

One female patient died of pellagra.

Inquests have been held on the deaths of 6 patients. The circumstances were reported to our Board at the time and no comment is called for here.

Ten male and 20 female patients have sustained fractures. Of these 1 occurred in a struggle with staff, 1 in each sex was due to impulsive action by the patients themselves and 7 to roughness from other patients. The remaining 17 were sustained in accidental slips or falls during fits.

In the laboratory steady routine work is carried out in the examination of newly admitted patients and much investigation is done in the search for sufferers from or carriers of dysentery or enteric fever.

The nursing staff numbers 411. Among the officers 3 are qualified both in general and in mental nursing. Eighty-five per cent. of the male nurses and nearly 52 per cent. of the female nurses are certificated or registered as mental nurses.

We were accompanied during the whole of our visit by Dr. Petrie, the medical superintendent. Dr. McCarten has recently been appointed as his deputy.

LONDON COUNTY MENTAL HOSPITALS.—2. BEXLEY.

February 18th, 1936.

At the completion of our statutory visit to this hospital to-day there were undergoing treatment here 2,263 patients, 1,159 of these being women and 1,104 men.

During the year 1935 direct admissions numbered 307, of whom 234 were certified under the Lunacy Acts, while 5 were temporary, and 68 were voluntary patients admitted under the Mental Treatment Acts.

During our visit to the wards we found the relations between the medical and nursing staffs and the patients fully up to the standard we should expect where there is a well-trained staff.

Some progress is being made in finding occupations for those who are now unable to employ themselves without guidance and continual training. In addition to the occupational centres on the male and female sides and in the admission wards, ward classes have been started and we much hope that continued effort may result in a steady increase in the number receiving guided exercise and occupation during some part of each working day. We were encouraged to learn that between 30 and 40 of the nursing staff have undergone a course of instruction. In the wards and in the sewing-room and tailors' shop we discussed with the officers who accompanied us some of the problems involved in the selection, the care, and in the maintenance of clothing. We were glad to find such aids to good and individual dressing as steam presses and pantograph marking machines. The clothing in the laundries was mostly sun-dried and the white appearance of the linen and cotton articles indicates that much attention is given to the details of washing.

Hand and round towels, which are washed daily, amount to more than 17,000 in each week, and from this we gather that patients really are allowed at least 1 towel each for use every day.

We hope that the service departments may at some future date be brought into full use to provide individually marked clothing for patients. We fully realise that to introduce such a change for over 2,000 patients would be a gigantic task, but it might be possible to make a beginning in 1 or 2 wards or villas. We feel sure that as soon as the immense advantages to the patients of such a system are realized, the difficulties inherent in a change-over from the existing practice would be faced and overcome.

We saw a new type of food conveyor being used as an experiment. It appears to be so successful that we presume that the old type of trolley will

gradually be replaced by the new one, and that food for the patients in the main building will no longer be exposed to the air, and cooled, while being transported from the kitchen to the dinner plate.

Most of the villas have their own kitchens and from what we were told there is no doubt that such a system, judged only by the food as served at the table, is a superior one.

Several of the wards have been recently decorated, while some are now being painted in a newer style, and in pleasanter colours, than was formerly the custom, and we were greatly pleased with the very decorative effect of the work.

The store-room space in many of the wards is inadequate. To supplement the existing space linen presses are being bought for the ward units.

We noticed that a great many of the patients lacked storing place for their personal belongings, and in this connection we think it possible that the provision of more lockers would allow patients to have under their own care such articles as letters, books, and towels which are referred to or used from time to time throughout the day.

We visited the kitchen while dinners were being served. Here many improvements have been carried out, but in one of the rooms we found the floor in a dangerously greasy condition mainly on account of the methods by which the antiquated boilers must be emptied in the course of division of the cooked food.

For the entertainment of patients, loud speakers, run from a central wireless set, are placed in 30 of the wards, and they appear to be much appreciated.

Weekly dances and talking picture shows are provided during the winter months, and many patients, in the course of conversation, said how greatly they enjoyed these entertainments.

In the wards there are many billiard tables, and there is an adequate supply of indoor games, though the latter consist for the most part of draughts sets and packs of cards. More modern games are very quickly broken up, though the interest they create does perhaps make them a valuable addition to the ward stock.

The freedom granted to patients within the limits of a proper discretion is a tremendous factor in the increased health and contentment of those who must reside in the hospital. In 4 of the male wards and in 2 of the female wards the patients are allowed free access to the grounds, while in 1 male and in 3 female wards they are permitted to roam at will in the proper ward gardens. In addition 180 men are given parole beyond the hospital estate.

Since the last visit of our colleagues to the hospital, 61 males and 59 females have died, and a post-mortem examination was carried out, with the permission of the relatives in the cases of 42 men and 41 women. The chief factors causing death have been heart disease (22), tuberculosis (10), organic brain disease (19) and kidney disease (7), these illnesses being mostly afflictions of middle and advancing age. Two male patients died from bacillary dysentery.

During the year 1935 there were notified 2 cases of dysentery and 8 of severe diarrhoea. The search for the causative factors of these disorders and the examination of contacts has been carried out on an exhaustive scale involving a great deal of very technical laboratory investigation. Amongst the very important precautions taken to prevent the recurrence of intestinal infection is included the examination of all patients in contact with food in the kitchens and wards. It may be that a permanent record of the patients' illness, which would accompany him on transfer to any other ward would prove to be a useful prophylactic measure.

Some serious but not fatal casualties are recorded, these being chiefly fractures of bones occurring as the result of falls.

Of the 18 cases which have occurred since April 28th, 1935, 4 were due to a patient pushing another, while 1 was due to an accident in which a male patient was involved while on leave from the hospital. In all the other

cases the fractures were the result of falls while moving about the wards or grounds.

Many minor works have been completed during the year, and those of special importance include the additions to 5 wards whereby additional lavatories and some sluice sinks have been provided.

Works now in progress include the extension of the nurses home so as to provide an additional 30 bedrooms, the erection of 3 hydro-extractors of modern type in the laundry, while the "talkie" apparatus in the recreation hall has recently been completed.

Dr. Clarke accompanied us throughout our visit extending over 2 days: we were fortunate also in being able to meet his colleagues in the wards during our tour of the hospital.

LONDON COUNTY MENTAL HOSPITALS.—3. CANE HILL.

June 24th, 1936.

We have to-day completed a two days visit to this hospital, and have been much interested to see the numerous alterations and structural improvements which are being carried out.

There are to-day in all, 2,179 patients resident in the hospital, 863 males and 1,316 females, of whom 26 males and 14 females are voluntary patients, and 2 females are temporary, the remainder being certified. It is disappointing to find only 2 temporary patients in residence, and it is noteworthy that during the year 1935 only 8 temporary patients, all of them females, were admitted, facts which appear to indicate that the provisions of the Mental Treatment Act, 1930, are not understood or appreciated by most of the medical practitioners and relieving officers in the area which the hospital serves.

During 1935 there were—

				Voluntary.		Temporary.		Certified.		Total.		
				M.	F.	M.	F.	M.	F.	M.	F.	T.
Direct admissions	...	...	...	26	30	—	8	125	199	151	237	388
Admission on transfer	...	...	...	—	—	—	1	12	28	12	29	41
Departed or discharged (excluding transfers),	...	...	...	21	22	—	1	69	121	90	144	234
Of whom—												
(a) had recovered	...	...	...	2	2	—	—	49	55	51	57	108
(b) dealt with under Sec. 25	...	...	...	—	—	—	—	—	25	—	25	25
Transferred to other statutory care	...	...	...	—	—	—	—	7	18	7	18	25
Allowed out on long leave, etc.	...	...	...	—	—	—	—	72	121	72	121	193
Number to whom granted money allowance	...	...	...	—	—	—	—	47	53	47	53	100
Died	...	...	...	1	—	—	—	73	70	74	70	144

The weekly maintenance charge per head for home patients is 25s. 8d. while that for private patients varies from 25s. 8d. to 30s. 11d.

One hundred and seven male patients, but no female, are allowed parole within the grounds, and only 3 male patients enjoy parole beyond the estate. These figures are very low, and it is remarkable that no female patient at all enjoys parole, particularly having regard to the small size of many of the airing courts.

We saw, we believe, all the patients in residence, and with all who desired to speak to us we had conversation. Two female patients wished for private interviews. The patients generally were quiet and orderly, and apart from complaints on the score of detention, which a number of them made, they seemed contented and comfortable. Electric light is at present being installed throughout the hospital, and a great deal of badly needed

redcoration is, very reasonably, being deferred until the electricians have finished their work. But at present many of the day-rooms have a dark and dilapidated appearance which is to some extent accentuated by the lack of flowers and plants. A few plants there certainly are, but there could with advantage be many more.

The few day-rooms (all on the male side) where the electric light has been installed and where redecoration has been done, present a most pleasing appearance, and Dr. Lilly, the Medical Superintendent, is to be congratulated on the success of his colour schemes.

A most interesting and pleasing feature is the great progress which has been made in occupation therapy at the hospital. The work is done almost entirely in the wards, and in many of them the progress made reflects the greatest credit on the nursing staff. On the female side, the occupation mistress trains patients in the Arts and Crafts department, but at present only one nurse is being trained by her. We think that in many ways it would be more productive of good results if the occupation mistress devoted more of her time to training members of the nursing staff. On the female side, there is a large sewing room, where dresses and other garments are made, and here some 80 patients are employed. The women's clothing is very pleasing, and there is a good variety of patterns and colours. The clothing is, however, still marked with an ink stamp, a practice which is not only very unsightly but one which is not economical since the ink inevitably rots the clothing sooner or later. Even if it is not considered practicable to mark clothing with thread, as is done at many hospitals, it is, we suggest, possible to sew tapes on the garments and to mark the tapes. On the male side a ward day-room is used as an occupation room, and here a great deal of excellent work is being done. At the same time, while we appreciate that some of the patients now working in the day-room are not sufficiently advanced to go to a central occupations hut, we feel that such a hut should be provided for the better patients. The occupations officer on the male side is doing extremely good work, but we should like to have seen more of his time devoted to training the nursing staff, who in their turn could train the patients. A physical training class for 20 female patients has recently been started, and we hope that it will be possible to begin one on the male side also in the near future.

The kitchens generally are in good order, but the floor in the main kitchen is greasy and slippery and needs renewal. This, we understand, is an alteration which is in contemplation. Since last visit, a new fish fryer has been acquired; it is housed in a newly built annexe to the kitchen, and tanks are provided for washing the fish before frying. These tanks were, we thought rather high, and it seemed to us that some six inches might with advantage be removed from the side and front walls.

In the laundry new lantern lights are being put in the roof, and a motor-driven hydro-extractor has been installed. Here also redecoration and some floor repairs are badly needed, but we presume that this will be done when the electricians have finished their work. There is no separate washer in the foul laundry, and we consider that one should be provided.

A useful addition to the upholsterer's shop is an electric sewing machine, and we were assured that it has proved most valuable. At Portnalls, a villa where 33 chronic but quiet, or convalescent male patients are accommodated, we noticed that the ceiling of one of the dormitories is in urgent need of repair. In other respects Portnalls is in very good order, and, indeed, it is a most pleasant building, beautifully situated.

Garden House is another attractive villa, used for female convalescent patients, but at our visit it was in the hands of the electricians and other workmen for the most part, though 4 patients were in residence. When it has been redecorated, and the contemplated alterations completed, it will

be an excellent building, and admirably suited to the requirements of those patients for whom it is intended.

At both these villas and at the Isolation Hospital the cooking of patients' meals is done on the premises, an arrangement which we feel sure is very much appreciated.

Throughout the hospital the dietary is on a 4-weekly basis; it is well varied, and every day fresh fruit or salad is provided, while green vegetables are provided thrice weekly.

The present nursing staff consists of 142 men (of whom 30 are charge nurses) and 204 women (of whom 44 are charge nurses) by day, and 17 men and 26 women by night. As many as 135 men and 113 women are certificated or registered as mental nurses, and 13 men and 38 women have passed the preliminary examination. No women nurses are employed on the male side.

In the recreation hall, talking picture apparatus has been installed since last visit, and we readily believe that the entertainments provided give the patients the greatest pleasure. Wireless sets were provided in all the wards two or three years ago.

The general health of the patients has been very satisfactory during the past 12 months.

The mortality rate for the year ended December 31st, 1935, was 6·6 per cent. There were 127 deaths—64 males and 63 females, and post-mortem examinations were held in 93 cases. In two cases inquests were held, and in both of them, death was found to be due to accidental causes. The diseases chiefly responsible for death were heart disease 40, pneumonia 19, and general paralysis 11. Serious, but not fatal, casualties numbered 21, 16 being on the female side and 5 on the male. All the injuries sustained were fractures of bone, due in 3 instances to violence by other patients. The remaining cases were all due to accidental causes, mainly falls in the wards.

There have been 9 deaths from tuberculosis, and at the present time 23 patients are known to be suffering from this disease. The verandahs in which these patients are nursed were very hot at the time of our visit, for example, yesterday the temperature in the verandah to Ward B.1 on the female side was 102 degrees F., while in G.2 on the male side it was 92 degrees F. As the temperatures in the wards were very much lower, we think the patients would have been more comfortable if their beds had been moved inside during the hot part of the day. As electricity is being installed, we suggest that electric fans might be provided in the verandahs.

Considerable improvements have been effected in the operating theatre, including the addition of a sterilising room. Major operations are performed by the visiting surgeon, but a good deal of minor surgery is done in the theatre by the medical officers, and thus opportunities are found for training the nursing staff. Evipan has been used as an anæsthetic, and as anticipated, it has been found very suitable for mental patients.

Apart from 3 cases of dysentery, the hospital has been free from epidemic or zymotic disease. Inoculation against dysentery has been carried out in the affected wards.

The number of patients in bed was 54 on the male side, and 101 on the female side. The majority of these were senile or infirm cases, and there were remarkably few in bed for mental reasons.

The patients in the infirmary wards were well cared for and we found that the nurses in charge of them had a very good knowledge of their duties.

We should like to thank Dr. Lilly, the Medical Superintendent, Dr. Pearn, the Deputy Medical Superintendent, and the other members of the medical staff of the hospital for the assistance given to us.

LONDON COUNTY MENTAL HOSPITALS.—4. CLAYBURY.

October 2nd, 1936.

We have spent 2 days full of interest in visiting this hospital where there are 2,372 patients in residence, 993 men and 1,379 women.

Amongst the patients 103 are on a voluntary footing, as compared with 93 last year, and it is satisfactory to find many now returning to the hospital when they feel the need for treatment. Since the passing of the Mental Treatment Act, 331 voluntary patients have been admitted; 45 have been admitted since the beginning of this year. Very little use appears now to be made of the Act as regards temporary patients; only 2 have been admitted this year and 1 is now in residence. Twenty-five have passed through the hospital since 1931.

The total number of nurses employed is as follows:—Day 381 (M. 165, F. 216); night 43 (M. 19, F. 24).

Calculated on figures supplied on January 1st, 1936, the number of patients for each nurse is 13·5 by day and 74·9 by night. These figures may be compared with the average taken for all mental hospitals, i.e., 11 by day and 53 by night and show that the nursing staff is numerically below the average for the whole country, specially as regards the night nurses. A satisfactory proportion of the nurses, 148 men and 133 women, are registered or certificated as mental nurses.

On the returns submitted to us we noticed that during the year 1935, 233 patients were sent out on long leave or trial and that a money allowance was made in 117 of these cases in order to relieve the stress on the patient and on the relatives during the first months of convalescence.

Many improvements have been undertaken since the last visit. A clinical room has been put aside in several wards and, in the acute admission ward, C.1, we were impressed by the valuable addition of 2 single rooms opening on to the gardens where patients who are acutely ill, but conscious of their surroundings, can be kept apart from other patients.

The canteen in part of a ward is attractively arranged and was doing a brisk business this afternoon. An ice-cream cabinet has been installed and ices are provided varying in price from 1d. to 3d. A barbers' shop has been opened in V ward and suitable patients may go at any time from 11.30 a.m. to 1 p.m. and 5 p.m. to 7 p.m. for a shave or hair-cut. Full advantage of this is taken by the patients and 2 whole-time barbers are employed.

The main kitchen has been tiled and more of the corridors have been improved by covering the dark wooden roof with asbestos sheeting.

Amongst the additions now in progress the most important is the new admission villa for male patients, Orchard House, which is almost completed. This will provide a unit for the quieter admissions at 1 end and for convalescent at the other. It is pleasantly situated and includes many attractive features. The old engine-room is being converted into a gymnasium for use by male and female patients. The general bathroom on the female side is still only half in use and this delay in completing the re-construction is causing some inconvenience on the wards. In the laundry the new 8-roller calender is in use and the appearance of the sheets has been greatly improved, but 1 small calender is out of use and all the patients' underclothing is rough-dried. There is, we think, a real need for more modern equipment for ironing.

In the isolation ward where dysentery and typhoid cases are nursed we noticed serious short-comings in the sanitary arrangements and were glad to hear from Dr. Barham that improvements are under consideration. In these wards, and in other wards where there are patients with defective habits, we believe that wooden chairs or seats or washable cushions would be more hygienic and nicer than the upholstered cushions and furniture still in use in some of the wards.

The new clothing now being made in the workroom is much improved in pattern and materials; there is a steam press for the men's suits in the tailor's shop and the better suits are sent out to be dry-cleaned. Now that good dresses, suits and underclothing are being provided we hope that serious consideration will be given to the question of letting patients retain their own sets of clothing. The initial difficulties in individual marking, stock and sorting in the laundry might be reduced by starting, at first, only in the wards for the better patients. We are convinced that it is a change that is well worth the trouble as a means of helping many patients to regain self-respect and a proper pride in their belongings. We hope too, that lockers will be provided in more wards where patients can be encouraged to look after their possessions.

We were shown an excellent display of drill and gymnastics taken by Mr. Millington who is in charge of the men's workroom and in addition takes 3 classes for physical training. Mr. Millington has the advantage of being a certificated teacher with experience of teaching mental defectives and we were impressed by the good work he was doing and by his desire to extend it further amongst a class of patient which has as yet been hardly touched. The number of patients who can actually be occupied in the 2 small centres is only a small fraction of the number in this large hospital who could be helped by occupational treatment and we discussed with Dr. Barham the difficult problem of how best to extend the work. We believe it might be of interest to Dr. Barham to visit 1 or 2 of the hospitals in England where occupational treatment has been recently introduced and has now become an integral part of the hospital life.

Full and careful clinical notes are kept in the clinical rooms in the wards and copied into a case book for reference in the office.

The wards were in good order and well supplied with flowers. We thought the pictures on the walls were particularly varied and pleasant.

Very few patients made any complaints or requests and most of the wards were very quiet. The only exceptions on the women's side were the very big wards occupied by restless and disturbed patients which formed a marked contrast to the smaller wards occupied by patients of the same type. The contrast points to the desirability, from the point of view of the patients and nurses, of sub-dividing the larger units.

In Forest House the convalescent patients show a warm appreciation of all that is being done for their comfort and welfare. Throughout our visit we were impressed by the attention given by the medical superintendent and his staff to those details of administration which give patients the feeling that they can still enjoy some of the usual pleasures associated with life in the outside world and which contribute so largely to their contentment.

Inspection of the laboratory statistics for the year 1935 shows that 12,112 specimens were examined, of which 4,762 were bacteriological examinations in connection with investigation of 2 dysentery and typhoid outbreaks. In that year there were 27 cases of dysentery due to Flexner organism and the incidence rate in that period was 11.3 per 1,000 as compared with the mean rate of 3.9 for all hospitals. It is satisfactory to note there has been no fresh case of this disease in 1936 up to the present date.

The hospital laboratory was aided in its investigation of the typhoid outbreak by the services of the central laboratory at the Maudsley Hospital and this (Claybury) hospital provided material for the purpose of research into the disease by the Lister Institute. A register of intestinal infections during the last 5 years has been instituted and regular bacteriological examinations of the stools are made. The equipment of the laboratory has been improved by the addition of a refrigerator, an incubator and a modern microtome. At the moment, too, some original research work is being carried out by Dr. Sands, the object of which is to ascertain the reaction to certain preparations said to have a specific effect on the autonomic nervous system.

The mortality rate for the year 1935 was 4·9 and since the last visit on December 5th, 1935, there have been 92 deaths. In approximately 72 per cent. of these cases post-mortem examinations were made. A coroner's inquest was held in 2 instances, death in 1 case being due to self-injury previous to admission and in the other the cause of death was accidental. The commonest causes of death were heart disease—6 men and 16 women, pneumonia—4 men and 10 women, and carcinoma—2 men and 6 women.

The epidemic or zymotic diseases occurring since the last visit were typhoid fever, 2 cases of each sex, erysipelas, 2 men and 5 women, and broncho-pneumonia, 3 men and 5 women, with 1 case of primary pneumonia. To these may be added 17 fresh cases of tuberculosis of whom 13 were men, the incidence rate for this disease during the year 1935 being 2·5 and 3·4 per 1,000 for males and females respectively. Serious casualties in the same period numbered 24, affecting 11 women and 13 men, all of them being fractures. In 9 of these cases the accident occurred as the result of interference by or with other patients.

We were sorry not to see the social worker, who was away at the time of our visit, but we understand that her work is much valued by the medical superintendent.

LONDON COUNTY MENTAL HOSPITALS.—5. COLNEY HATCH.

August 29th, 1936.

Our visit to this hospital has occupied the whole of the past two days. We were sorry to miss Dr. Brander who was away on annual leave. In his absence we were accompanied throughout the whole of our tour of the hospital by Dr. Cutts, who was most zealous in his endeavours to give us any information we required.

Yesterday there were on the books of the hospital the names of 1,126 male and 1,521 female patients, or a total of 2,647 in all. Voluntary patients at present in residence number 15 and there are 2 temporary patients of the female sex.

According to the statistical returns furnished to us there is an ample margin of day space available but the night space is overcrowded to the extent of 86 men and 10 women.

Our colleagues in their entry last year mentioned the difficulties which had to be faced in this hospital, inherent in the original structure of the wards, in regard to sanitary arrangements and storage accommodation. They dwelt at some length upon the difficulties, in existing circumstances, of keeping the sanitary and domestic sides of ward life separate and mentioned amongst other things the lack of facilities for dealing with soiled mackintosh sheets, the absence of proper storage accommodation in the annexes and last, but not least, the deficiency in the number of water closets as compared with normal standards. Generally they expressed the opinion that, having regard to the limited space available in the wards, and unless a certain amount of reconstruction and additional building were undertaken, no great improvement would be possible.

We are glad to see, in connection with the above remarks, that fitted washbasins have been, or are being, installed in most of the nursing dormitories and that, in some of the ablution rooms in infirmary and other wards, hot water by tap is now available at the washbasins.

After giving most careful consideration, however, to the whole question, we venture to suggest that what is really required, if the ward sanitary arrangements are, as far as is reasonably possible, to be brought up to normal standards, is a long term programme of reconstruction having, as its main feature, increased space and facilities in the sanitary annexes. Such a programme could be executed section by section as opportunity offered and consideration would no doubt be given during its preparation to the possibility of improving cloakroom and other storage facilities. We are

sure that our Board would welcome the preparation and submission to them of plans with this end in view and would be happy to render any assistance in their power towards solving what is obviously a difficult problem.

Meanwhile it appeared to us that it might be possible to improve to some extent the methods of storage of patients' clothing by re-organisation of the existing, though somewhat meagre, accommodation. For example, in many wards the male patients' suits are folded and stored in cupboards in the galleries and corridors. If the bottom sleeves in these cupboards were removed and a coat-hanging rail fixed it would be possible to store many more suits in the space available. Similar remarks apply to the female side.

During our tour of the wards we noticed that the medicine cupboards were being, or had been, altered to comply with recent legislation and were shown a pattern of tooth-brush rack which it is proposed to introduce. Some of the wards are still without wireless and we were surprised to find that this was the case in male ward 1, an open ward where patients sit up till 9.30 p.m. There was a fair supply of plants in the wards on the female side, but we thought the provision of flowers in both divisions meagre. We understand that recent changes in the gardening staff may effect improvement in this respect. Dr. Cutts told us that Dr. Brander is anxious to encourage the women to cultivate flowers in their ward gardens and we saw evidence that the encouragement was becoming productive of results.

The library arrangements are supervised by the Chaplain and we were glad to have an opportunity of meeting him and discussing its organization. At present there is no room which can strictly be termed a "central library," the books being issued from a room where they are stored in each division. Packets of 12 books which go from ward to ward and are changed fortnightly form the supply in the ward bookshelves irrespective, so far as we could ascertain, of the size of the ward. Many of the books at present in circulation have seen a lot of service and we considered an increase of supply both in the ward bookcases and general stock was very desirable. The Chaplain gave it as his opinion that an increased stock of books was needed and we understand that a special grant for the purpose has recently been authorised. The system would be improved if a card-index system were introduced and a Library Committee appointed. Elsewhere it has been found that a patient or two can be found to take great interest in giving assistance with the card-index system and general arrangements for distribution of books, and bookbinding—upon which we believe only one patient is at present employed here—is both a useful and interesting occupation.

At our visit to the main kitchen everything seemed to be in good order and a number of up-to-date fittings has been installed: whilst an appearance of freshness was being imparted by extensive redecoration. We felt that a small room in the corner of the kitchen, used for the reception and cutting up of fish, did not seem to be sharing in that redecoration. The walls of the room, against which are fitted wooden shelves, are of rough brick and rather worn. If a smoother surface was provided by means of tiles, or some substitute, the facilities for dealing with the fish would be improved.

Inspecting the viewing room which is used for the population other than Jewish, we could not help feeling that it presented a somewhat bare and unattractive appearance.

A comparison of the present figures showing the number of patients employed with those contained in the Miscellaneous Returns for the year 1935 indicates that a very considerable advance has been made in the organization of Occupation Therapy in recent months. Arrangements have been made which should ensure the regular training of nurses in the Occupation Centres with a view to the extension of the treatment to the wards. The Occupation Officer on the female side spends some of her time in organizing the work in the wards and we were glad to see that the number of patients doing occupations in the wards, other than ward work, had recently been more than trebled. On the male side, in one ward and a small centre, graded occupations in woodwork are being actively pursued and D

spur is being adapted as a main Occupational Centre of suitable size. Much still remains to be done but we think that great credit is due to all concerned for what has been accomplished since the last visit.

Outdoor recreations for the younger male patients have also undergone development during the period under review. To-day we witnessed a cricket match in which the teams were composed almost entirely of patients, and there appears to be no doubt that under present arrangements quite a considerable number of the younger men are afforded an opportunity of taking part in active games. We were delighted to find that the Recreation Hall was now under reconstruction and that sound-film apparatus is being installed. This latter innovation, together with the additional floor space which is being provided, will considerably enhance the amenities of the patients.

The appointment of a masseuse, who also has experience in physical training and remedial exercises, has enabled these activities to be started on the female side. Classes are also carried on on the male side and at the Boys' Villa and some of the female nurses instruct their own patients in the ward gardens. There is little doubt that many patients take an interest in and benefit from these physical exercises and we hope that it will be found possible to increase the number of patients engaged in them in due course.

The number of charge and ordinary nurses is 200 on the male and 224 on the female side. Of these 27 and 30 respectively are employed on night duty. No women nurses are employed on the male side. Approximately 88 per cent. of the men and 45 per cent. of the women are certificated or registered as mental nurses. These percentages are well above the average and speak well for the attention given to the training of the nurses. The Lecture Room is of good size and light. It has recently been redecorated. Although the new Nurses' Home is nearing completion, we understand that it is not likely to be ready for occupation for some months yet.

The death rate for the year ending December, 1935, was the low one of 5.5 per cent. (males 3.3 per cent, females 7.1 per cent.).

There have been 141 deaths since the last visit, followed in 75 cases by post-mortem examinations. The chief causes of death were heart disease (25), pneumonia (22), general paralysis (14), tuberculosis (13) and kidney disease (13). Three inquests were held—the verdict in the first case being "Death from natural causes," in the second case "Misadventure," and in the third suicide by hanging. Full details of these cases were furnished to our Board.

The general health of the patients has been good. There has been an entire freedom from dysentery and only one patient was attacked by enteric fever. Influenza has affected only 8 patients.

At the time of our visit 237 patients (males 72—females 165) were in bed. This constitutes 9 per cent. of the total number in residence. All were in receipt of skilled medical attention and showed evidence of good nursing. Ten men and 27 women are suffering from tuberculosis in active form and undergoing open-air verandah treatment. Consideration is being given to the addition of a sterilizing room adjacent to the operating room in Infirmary 4 and to arrangements for sterilization of crockery at Villa 7.

During the period under review 33 serious but non-fatal casualties occurred—30 being fractures, 1 a dislocation, 1 a cut throat and 1 a bruised eye. Accidental falls accounted for 23 of these, struggles with other patients caused 8 and two were self-inflicted.

Dr. Brander is assisted by Dr. G. L. Cutts as Deputy Medical Superintendent and 7 other medical officers. A dentist spends two full days a week at the hospital.

There are also 6 visiting specialists who are members of the honorary staff of Guy's Hospital. They are called in as occasion arises. This touch with a medical school is pleasing to note.

Generally we were well pleased with what we saw during our visit and believe that every attention is paid to the comfort, happiness and relief of the patients.

LONDON COUNTY MENTAL HOSPITALS.—6. EWELL.

November 5th, 1936.

During the period which has elapsed since the last visit of the Commissioners there have been several important developments at this hospital.

Within the last few months the new admission hospital, sick hospital and men's convalescent villa have been opened. Other extensions consist of the enlargement of the laundry and kitchen, additions to the nurses' home and medical officers' quarters, the completion of the inspector's house and the removal of the needle-room to a new site.

A high standard has been achieved in design, arrangement of rooms, fittings and furnishing of the admission and sick hospitals. The admission hospital has provision for 25 patients of each sex. Amongst its many attractive features we noted the possibility, by closing up the dividing partitions, of making one large room of the day-rooms for men and women. At the time of our visit dinner was being served to both sexes, the male and female tables being separated only sufficiently to allow a passage down the centre of the room. The matron supervises the nursing staff of both men and women in this unit, as well as in that of the sick hospital, and the male patients are being nursed by women, who have the assistance of male nurses. The only room in the unit not yet fitted up is that allocated for electro and light therapy, but the equipment is expected soon.

The sick hospital is undoubtedly one of the finest in the country. It has accommodation for 29 patients of each sex, and a small isolation unit with 3 beds on each side. It contains the new operating theatre with all modern accessories. The planning and equipment of the sanitary annexes have obviously received much attention. Of the many novel features of these annexes we would mention the facilities for sterilizing and warming bedpans. The larger wards look most attractive. The beds are grouped in fours by means of glass screens, and are arranged so that the nurses can exercise proper supervision of all the patients. One room is at present set apart for the occupation therapy class, but doubtless in the future some better arrangement will be made for these classes.

The men's new convalescent villa for 30 patients is well designed to meet the needs of recuperating patients. The decoration and furnishing has been done with good taste, and it was obvious that the patients appreciate the excellent provision that has been made for their convalescence.

An important step forward has been taken in the appointment of a social worker (Miss Simpson) who is a whole-time officer. In view of the somewhat specialized function of this hospital in the London Mental Health services, the rates of admission and discharge will be exceptionally high; and, therefore, there is much work for her to do. The case notes prepared by the social worker are full and informative. These are proving of great assistance to the doctors and nurses. In passing, we note with satisfaction that the clinical notes relating to each patient are kept in separate covers. These notes are in the charge of the responsible nurses in each ward, and are readily available for consultation. We think it is advisable to have small file boxes in each clinical room for these records.

A full-time occupation officer (Miss D. Hollamby) was also appointed recently. There has not yet been time to organize on a wide basis the occupational activities of the patients. We saw a small group of 5 patients engaged in rug-making, embroidery-work and basketry in a room of somewhat restricted dimensions in the admission hospital. We were glad to hear that it is proposed, pending the erection of a central occupation room, to organize various handicrafts in the villa day-rooms. This introduction of the work to the wards will afford an opportunity to many of the nurses to acquire some knowledge of the aims and methods of occupation therapy.

A scheme, as yet in its initial stages, for the re-education and the rehabilitation of patients in the general community interested us greatly.

With the co-operation of the local education authority, several patients have been given vocational training, and placed in suitable posts. In choosing the occupation, consideration is given to the knowledge acquired by the medical staff relating to the patients' capacities and limitations. In the past, much of the benefit of treatment has been nullified by a period of unemployment and its attendant anxiety after the patient has left hospital. This scheme promises to fill an important gap in the mental health services.

The canteen has been moved to a hut in a central position in the grounds. This structure also serves in a modest way the purpose of a club room for patients and staff. We should like to see a larger and greater range of stock in the canteen itself.

The enlargement of the laundry and kitchen has enabled the activities of these departments to be organized upon a more satisfactory basis. In visiting some of the sanitary annexes we noted that the bath was in the same room as the stove for heating the water for domestic purposes. These rooms must become very warm, and nurses have to exercise special care to prevent excited patients burning themselves. Although the boilers are, or appear to be, quite adequate to serve hot water for all domestic purposes, we observed that some of the wash-basins had no hot water supply. We hope this matter will receive the Committee's consideration.

We gave special attention in several wards to the methods of storing clothing. All the stock cupboards, in spite of somewhat restricted space in some instances, were in good order. The method of dealing with patients' day clothes at night interested us considerably. Trolleys with hangers for about 30 suits are available in several of the men's wards. The supply of lockers throughout the hospital is exceptionally good. Each patient has two lockers, one in the dormitory, the other in or near the day-room. We inspected several of them. We are satisfied that the lockers are much appreciated by the patients, and are being properly used.

There were in residence to-day 112 men and 363 women. Sixty-four men and 140 women were voluntary patients: 5 women were temporary patients. During the year 1935 only 3 patients were received on a temporary basis, and 8 only during the current year. Many of the patients who could be suitably dealt with as temporary patients suffer from some acute physical illness. The excellent provision now made at this hospital for nursing sick patients should result in a much higher proportion of temporary patients being admitted.

At present there are 141 vacancies by day and 102 by night. These are chiefly in the villas for males, and we understand steps are being taken to fill these vacancies in the near future.

The mortality rate for 1935 was 2·2 per cent. Inquests have been held upon two deaths; in both cases the patients committed suicide.

During the period under review, 3 females and 1 male patient have sustained fractures. On reviewing the records for the last 10 years the incidence of fractures at this hospital has been higher than the average for all county and county borough mental hospitals. There are obvious reasons why this should be the case. Whereas in most hospitals the proportion of epileptic patients is less than 10 per cent., here it is 27 per cent., and these patients are specially prone to accidents. Another reason is the high proportion of female patients, the incidence of fractures being about 70 per cent. higher amongst females than amongst male patients in mental hospitals.

At present the nursing staff number 141 (males 49; females 92). Twenty nurses are allocated to night duties. Twenty-seven of the male and 32 of the female nurses are certificated or registered.

Dr. Wootton has at present the assistance of Dr. Minski (deputy) and Dr. Galbraith. We were informed that another medical officer has been appointed, and will commence duties in the course of the next few weeks. We were interested to hear that, in addition to their duties at this hospital, Dr. Wootton and Dr. Minski attend weekly at observation wards in the London area.

LONDON COUNTY MENTAL HOSPITALS.—7. HANWELL.

April 3rd, 1936.

At our visit yesterday and to-day we have been accompanied by the deputy medical superintendent, Dr. Riches, who has given us all possible help. We were very sorry to find that Dr. Daniel is still on sick leave.

We have neither of us visited this hospital before and it is impossible on first going round not to be struck by the structural disadvantages inherent in the old three-storey type of buildings which form a marked contrast to the new admission villa. We were also struck by the number of alterations under consideration for the improvement of medical and nursing facilities for the general treatment of the patients.

The following works, amongst others, have been completed or are in the course of being carried out :—Central heating has been provided in 40 bath and ablution rooms in the main building, and also in the recreation hall, committee-room and a number of nurses rooms. Improvements have been carried out in the kitchen, including some equipment.

Drinking fountains have been supplied in ward gardens and playing fields; the outside w.c.s are being renovated and the garden shelters rebuilt. The gardens are being returfed and replanted and a pleasant new garden for parole patients is being laid out on the site of the old cemetery.

We did not see the farm or the outside buildings but we understand that various improvements have been carried out and that the renewal of the greenhouse and of the garden frames should ensure a good supply of plants to the wards.

The whole of the hospital sewage system has been connected to the new Middlesex trunk sewer.

Lifts for taking the foul linen down from the wards are being installed and the question of providing lifts for the food trolleys is under consideration.

The floors in No. 7 male ward and in the recreation hall and card-room have been renewed.

The most important buildings now in the course of construction are the laundry and the nurses' home.

Schemes for further improvements, we understand, may include the rebuilding of the mortuary and the laboratory, which is much needed; the provision of a sanitary annexe in the wings of wards M.1, 3, 12 and 13 and F.6, 9 and 18; these wings each contain 12 single rooms occupied by patients with degraded habits and there are no sanitary or washing conveniences except a commode and jug and basin—water has to be fetched across the adjoining day-ward. The provision of occupational workrooms is also contemplated; on the female side it may be possible to rebuild part of the old laundry for this purpose whilst on the male side Dr. Riches explained to us that ward M.17 if emptied of patients, would make an admirable hand-work centre for the men. This would form part of a bigger building scheme on which we are not in a position to express an opinion, but we agree with Dr. Riches in considering that the development of occupational treatment is largely dependent upon shops being provided to which all patients well enough to leave the wards can be sent if this form of treatment is prescribed for them. In this connection we were glad to find that some training is now being given to nurses on the male and female side by the occupations officer, Miss Jones; on the male side, Mr. Lawrence, who has recently been appointed inspector, has just returned from 3 months' training in handicrafts. As this movement spreads we hope that it will reach many patients, particularly in the disturbed wards, at present quite unoccupied and prevent them from falling into the habits which form such a distressing feature of these wards.

Care has evidently been given in recent years to the womens' clothing which is now varied in pattern not noticeably different from clothing worn outside the mental hospital. The blemish, we thought, was the unsightly black mark with which garments are stamped and we would like to suggest the use of a marking machine which is easily worked and is now in use in many hospitals.

We should like to suggest also that when the new laundry is in working order consideration should be given to giving patients their own underclothing and marking all garments individually, at any rate in the better wards.

Reference to the dietary indicates that there is a special dish for breakfast each day whilst a second course is also served for dinner. For patients who work or who sit up at night additional rations are provided and $\frac{1}{2}$ lb. of fruit is issued to each patient per week. We saw 2 dinners being served and were glad to note the provision for heating the plates. In certain wards there was an absence of forks and this was particularly noticeable in one of the infirmary wards where in addition to the handicap thus imposed the absence of bed-trays or bed-tables made the eating of food a difficult matter. We discussed with Dr. Riches and the matron the following details.

The gardens and more especially the basement areas under the ward windows, were littered with paper and odds and ends, some of an insanitary nature, and appear to need more frequent attention.

Many of the counterpanes, tablecloths, sheets and locker curtains on the male side were not clean—this may be partly due to the present lack of laundry facilities. On some beds in use on the male side pillow slips were missing.

There is need for some better system of keeping tooth-brushes and dentures and we noticed that there is a shortage of bedside lockers in some wards. The system of keeping brushes used for cleaning sanitary annexes and those used for domestic purposes quite separate needs more consideration.

We noticed that in the kitchen there is no basin for the patients to wash their hands and think that this would be a desirable addition in order to ensure the washing of hands after using the lavatory.

The arrangements for indoor recreations are good and the facilities provided in the excellent recreation hall and adjoining entrance room are made full use of. On the first day of our visit a football match was being played between the patients here and those at another L.C.C. hospital which had given much pleasure to players and spectators.

There are to-day the names of 2,548 patients on the books (1,141 men and 1,407 women), of whom 2,520 are actually in residence (1,129 men and 1,391 women). During 1935 a total of 336 patients (152 male and 184 female) were admitted. Of these 44, approximately 14 per cent. in about equal proportion as to sexes, were admitted on a voluntary basis, whilst 11, of whom 10 were women, were admitted as temporary patients. We are glad to note that a beginning has thus been made with the admission of patients under temporary certificate and hope that a considerable extension of the employment of this section of the Act will be made. The arrangement whereby the acting medical superintendent visits the municipal hospital, Fulham, through whose wards many patients pass on to the mental hospital, together with the collaboration of the relieving officers, should result in the further increase in the numbers so admitted.

The nursing staff is composed of 40 male and 53 female charge nurses, 128 male and 161 female ordinary nurses and 20 and 32 male and female nurses by night. We were interested to find that 6 female nurses are now employed on the male side of the admission hospital.

At the end of 1935, 83 per cent. of the male nurses (159) and 52 per cent. of the female (123) were in possession of the R.M.P.A. nursing certificate—an average of 66 per cent., whilst 15 and 33 nurses, male and female respectively, were registered by the General Nursing Council.

The ratio of day staff to the number of patients was 1 to 13.7 on the male side and 1 to 13.6 on the female, whilst for night duty the corresponding ratios were 1 to 67.5 and 1 to 64. The ratio for night duty is below the average in mental hospitals throughout the country.

There has been no case of zymotic disease since the last visit, but of the other infective disorders 9 cases of erysipelas have occurred, 7 of which were on the female side. At the moment 19 patients are suffering from tuberculosis, 8 male and 11 female.

The mortality rate for the year 1935, was 5·1 amongst the male patients and 4·8 amongst the female.

Since the last visit there have been 121 deaths, 59 men and 62 women. In 48·7 per cent. of these post-mortem examinations were made. Of the main causes of death, senile decay 18 (15·7 per cent.) in both sexes, pneumonia 10 men and 7 women (8 per cent. and 5·8 per cent.) and heart disease, 7 and 6 respectively (5·8 per cent. approximately) were the commonest.

Of the more serious accidents recorded 24 were fractures, 16 involving bones of the lower limb, the remainder rib or upper limb. Of this number 18 occurred among female patients, a ratio of 3 females to 1 male. In 6 of the more serious fractures, interference by or altercation with, another patient was the precipitating cause.

The laboratory serves a useful function in the life of the hospital and all bacteriological investigations which may be necessary are carried out here. Old dysentery cases are periodically reviewed; no patient has been detected as a carrier and for a considerable time there has been no acute case of dysentery in the hospital.

The medical staff at present consists of Dr. Retallack-Moloney, Dr. D. I. Cameron, Dr. Tyars, Dr. Firmin, Dr. Torrie, Dr. Rees, Dr. Russell and Dr. Purser, whom we met in the wards under their care.

LONDON COUNTY MENTAL HOSPITALS.—8. HORTON.

5th December, 1936.

During the course of yesterday and the two previous days, we have paid the annual visit to this hospital on behalf of our Board.

There are now on the books the names of 2,202 patients—553 men and 1,649 women—all of whom, with the exception of 7 men and 10 women who were absent on trial, were in residence. Included in these numbers and in addition to 3 Service patients were 201 patients in the private class, all but 12 of whom were women; also 13 out-county patients.

In the light of recognized accommodation, it is calculated that, on the number of patients in residence, there is deficiency of day space to the extent of 12 males and 62 females and an excess of night space to the extent respectively of 11 and 13.

The weekly maintenance charge is 25s. 8d.; that for private patients ranging from that sum to 36s. 2d. a week.

Many of the patients spoke to us, and some at length, and have given us reliable opportunity of observing the good relations that exist between them and the staff, as well as the consideration given to individual wishes and requirements despite this large number of patients. We were pleased to find an increasing number of lockers where patients may store their smaller personal belongings, and we observed that many enjoy access almost at any time to their suitcases or other packages in the ward store-rooms. All such measures, and others to give as much liberty as is compatible with safety, do much to mitigate the irksomeness of institutional life. As a result, however, the need for store-room space has far out-grown in nearly all wards that originally provided. Wards where occupational handcraft classes are held are particularly in need either of more cupboards or a store-room where material and articles in the making can be put aside with due care so that, without displacement, work can be resumed where left off.

When looking into the question of personal belongings, we gathered that it sometimes happens that dentures or spectacles are retained at the public assistance institution until request is made for them to be forwarded. We suggest that endeavour be made to overcome any difficulty which gives rise to this practice.

Adverting further to the granting of liberty, we learn that, including 33 men and 20 women to whom the privilege of walking out unattended beyond the grounds is accorded, some 10 per cent. of the women and no less than 40 per cent. of the men are allowed parole within the grounds. This unusually high proportion among the men is no doubt due in part to the fact

that originally, following re-opening of the institution after its use as a war hospital, when male patients first began to be received, their admission was restricted to selected cases of the trustworthy working type.

There has been a change-over in the supply of electricity and it is now entirely from the public supply. Ward lighting has been increased and, as we noticed when visiting the wards after tea, there is now ample illumination for reading or sewing after dark. At the same time, we were glad, too, to notice that the blinds had been pulled down for the evening, a custom which, despite its cosy effect as well as actual comfort, we not infrequently find neglected. In A and F wards of B Division an electric sterilizer has been fitted. In various other directions improved electric facilities, useful, though hardly calling for enumeration here, have been provided.

Among other improvements made since the last visit by Commissioners are the installation of a draw-plate oven at the main kitchen with some re-arrangement of the latter's appliances, the provision of a wash basin in sick wards and hot water taps to some of the villas and wards, the provision of another continuous bath, also of a cold storage cabinet for pathological use. Among works in hand is some underpinning found to be necessary, the provision of slipper baths in the female general bathroom where only spray baths were, of additional bathrooms in nurses' quarters, and of hatchways in dormitories to facilitate the removal of foul linen from the latter. A verandah for male ward 6 is contemplated.

Painting and redecoration of some of the wards has been in progress; and where this has been finished the effect is very pleasing. There is, however, an extensive amount of arrears in this direction in need of being overtaken, the presence of which it is, we suggest, particularly desirable to avoid in a mental hospital. As examples, we would refer to female ward 9 and to the general bathroom.

Owing to the wide disproportion between the percentages which the male and female admissions bear to the respective numbers of patients in residence, it is useless to quote a total death rate for the hospital. It may be stated, however, that the death rate during 1935 was just over 17 per cent. of the male and 7·5 per cent. on the female side.

During the period under review—that is, just short of 12 months—there have been 194 deaths: 65 men and 129 women. They were all from natural causes, and in the very fair proportion of 70 per cent. were followed by autopsy. Heart disease in one form or another accounted for 28 per cent. of these deaths and pneumonia for 15 per cent. In only 3 instances (1 man and 2 women) was tuberculosis a cause of death, and the number of patients now known to be suffering from this disease is 11, all women. One third of the male and 14 per cent. of the female deaths were due to general paralysis: these unusually high percentages are explained, of course, by the fact that cases of this disease are concentrated at this hospital. Among the causes of death are a considerable number of single instances of conditions not usually found in most lists: this fact, we do not doubt, is due to the great care taken both during life and afterwards in the observation of clinical and pathological conditions.

During the same period, some 37 have suffered casualties: in 2 instances they were self-inflicted wounds. The others were all fractures of one or more bones—in 10 cases caused by falling in a fit, in another 2 the cause was not ascertained, in 3 cases the injury occurred during altercation with a fellow patient, in 1 instance it was present on admission; the remaining 27 cases were all due to accidental falls.

The number of epileptics at this hospital is very small; 2·8 per cent. among the men, and 5·3 per cent. among the women. On the other hand, owing to the concentration here of general paralytics, their number is conspicuously high; at the beginning of this year there were 97 on the male and 137 on the female side.

The amount of infectious sickness, again during the same period, has been quite small. Nine cases of dysentery occurred, 1 case in each of wards A

and 5 (the latter the only male case), and 7 cases of the Sonne type during the March and April in ward 1. Four women in B ward are classed as enteric carriers, but all tests for their excretion of its bacilli during the past two years have proved negative. We nevertheless would recommend that bed pans used for these patients be kept separately and be subjected to effective disinfection inside and out after use: a metal steam-cupboard may serve both purposes. Some wards, but not all, have brushes of different shapes (to mark their purpose) for floors and tables.

The handling and treatment of fouled garments are on sound lines, but it is desirable that the time factor of various dilutions of each disinfectant should be ascertained and added to the labels of the instructions on the containers. Each patient is given a clean, but perhaps rather small, hand towel daily, and perusal of the ward inventories and laundry lists indicated a sufficiency of stock and regular issue of undergarments.

According to the returns furnished to our Board at the beginning of the year, the proportion of patients occupied is not high: 46 per cent. of the men and 42 per cent. of the women; and of those so employed 40 per cent. of the men and 50 per cent. of the women are returned as assisting in the wards. On the other hand, we were very glad to see the initiative that has been taken and the activity in progress in inducing unoccupied patients to engage in various handicrafts; we saw a class of this kind in progress in ward C to which a proportion of women from the admission hospital are drafted; also a biggish occupation class at work (under Miss Elgar and the nurses) in E ward which contains patients whose mental symptoms are of an acute type. We much hope that, by well conceived organisation in which all ranks co-operate, these laudable efforts will be pushed with energy and enthusiasm, because in a number of the wards, and as is the case in many mental hospitals, there were still less than half the number of patients occupied.

When talking to the patients in the ward gardens, it struck us that some of the paths were in rather bad need of renovation. Also, when in ward B for women and in its ward garden, it was not without regret that we noticed that some houses and flats have been erected quite close to this garden. The planting of a border of conifers and American poplars or other trees of rapid growth probably would help in regaining privacy. Efforts, the value of which is already visible, are being made to plant-up and otherwise to improve the appearance of the many enclosed areas which so large a main building necessarily contains. We found some 44 men and 140 women in bed: that is, about 7 per cent. and 9 per cent. of the totals in residence. The sick are treated in 1 ward on the men's side and in 5 of the women's wards. The new admissions are treated in 3 detached units, 1 of which, known as C hospital, serves exclusively for malarial inoculation in the treatment of general paralysis. The admission units on both sides are staffed by women nurses, and the Matron, Miss Lowman, supervises the nursing throughout the hospital.

When in the women's admission hospital, it struck us as rather a pity that the upstairs day-space seems so little used, and we wondered, too, whether any other less valuable space than its best upstairs room could be found for the apparatus for giving Light-treatment.

Attached to C hospital is the malaria laboratory in which we spent some considerable time in looking at and having explained to us by Mr. Shute the various processes that are carried out in it. With its aid and by careful clinical and laboratory observations reasoned conclusions for the direction of treatment have been reached, and advantage continues to be taken of these controlled conditions of malaria for the purpose of research into that disease.

The relation of this laboratory to the Ministry of Health remains as heretofore, but it is now in direct relation also with the School of Tropical Medicine, at which Dr. Nicol has been appointed Lecturer in Therapeutic Malaria; and, since the retirement of Col. S. P. James, C.M.G., F.R.S., the

important work which he was carrying out in connection with these arrangements has been taken over by Professor J. G. Thomson.

Admissions to this hospital are numerous : 542 during 1935 and 426 since the end of that year. The proportion of female admissions to the number of beds here for women is 15 per cent. whereas that of the males to their accommodation is just twice that proportion. The corresponding proportion for all county and borough mental hospitals in England and Wales is 20 per cent. in nearly equal proportions as to sex. Since the 1st of last January, 17 per cent. of the male admissions—by no means a high proportion—and still less (only 12 per cent.) of the women were received as voluntary patients. Naturally, in an ordinary public mental hospital, however high may be the proportion of voluntary admissions, the proportion of voluntary cases among the total patients in residence, if derived only from cases received on a voluntary footing, always must be quite small. Even so—that is, when their proportion among the admissions is high—not only is the influence of their voluntary status of signal assistance to treatment in the admission units, but they may prove sufficiently numerous to serve as a valuable leaven in other parts of the hospital : still more so, if it is the custom to regrade from the certified status suitable cases from those to whom parole is accorded.

For the purposes of classification and administration, the hospital, since its re-opening after its use as a war hospital, has been grouped into two divisions known as A and B. Division "A" consists of one half of the main building in which are 7 wards (5 to 7 and 12 to 15) for men and 8 (1 to 4 and 8 to 11) for women and 4 detached units—namely, the admission unit for men known as A hospital, Villa II for women working patients on parole, Villa III for female private patients, and C hospital for the treatment of general paralysis of both sexes. Division "B," entirely for women, consists of the other half of the main building with 17 wards, lettered A to W (omitting 6 letters), and two detached units—namely, the female admission unit known as B hospital and Villa I for women convalescents. Under this distribution of wards and detached units, the accommodation for women is just treble that for men.

We gathered that it is proposed, by the removal of the women from some of the wards in Division "A" and the occupation then of these wards by men, gradually to restore the balance between the male and female accommodation, if not complete, at any rate sufficiently to enable the male accommodation to contain wards or detached units structurally adapted to permit of proper classification ; for instance, there is at present no ward designed as a sick ward available for men. We were glad to hear of this proposal and discussed it at some length with Dr. Nicol. It seemed to us that, were the proposal visualised a little more comprehensively than at the moment contemplated, it might prove possible to set free for men some of the sick-ward accommodation in Division "A" and to avoid the erection of a verandah at such a ward as ward 6 (the dormitory of which has 4 rows of beds). As an aid to such re-arrangement we have in mind, too, that Horton at present has no male convalescent home : it might be worth while considering the erection of one.

The hospital has the aid of a staff of visiting specialists ; these comprise a physician, a surgeon, ear, nose and throat and ophthalmic surgeons, gynaecologist and dermatologist, 3 of whom are women, and all are members of the honorary staff of the Royal Free Hospital (to the Medical School of which Dr. Nicol is Lecturer in Psychological Medicine). There is also a visiting dentist.

To assist Dr. Nicol as resident medical colleagues, there are Dr. R. G. Anderson (Deputy Superintendent), Dr. S. W. Hardwick (1st assistant), Dr. J. J. Laws and Dr. H. Hinchco (2nd assistants), Dr. Maeve Whelen, Dr. E. Lilian Hutton (on leave, but who was about to take over the malarial work under Dr. Nicol) and Dr. Elizabeth Hutton. We were impressed by the amount of first-class medical and other scientific work that is carried out at this hospital.

LONDON COUNTY MENTAL HOSPITALS.—9. LONG GROVE.

August 13th, 1936.

In the course of yesterday and the previous day we inspected all parts of this hospital and are satisfied that the patients are well cared for and very comfortably accommodated.

Yesterday there were resident in the hospital 1,181 men and 1,053 women, or a total of 2,234. This latter number, with the addition of 4 men and 10 women who are at present on trial, brings up the total of patients whose names are on the statutory books to 2,248. Private patients number 204, of whom 136 are shown in the service or ex-service class. Amongst the total in residence are 63 voluntary patients (53 men and 10 women) and 1 temporary patient of each sex. While there is a small surplus of accommodation in each division by day there is overcrowding to the extent of 11 male and 28 female patients by night.

Our colleagues last year commented upon the comparatively low number of patients admitted annually for the years 1931–1934, those years disclosing an average of 247 admissions. From the statistical returns made to us to-day we note that there was a further drop to 191 in the direct admissions for 1935. The discrepancy between the number of males (123) and females (68) is noticeable. As the total number of admissions up to date this year is 144 it does not look as though a figure over 250 will result for 1936. We observe that discharges and departures during 1935 totalled 115, of whom 55, or just under 50 per cent., are shown as “recovered.”

The percentage of voluntary patients admitted during 1935 (29) in relation to the total direct admissions (191) was just over 15 (males approximately 17 per cent. and females approximately 11 per cent.). Here again the difference between the figures for the respective sexes is marked. Only six temporary patients were admitted in 1935 and, as stated above, only 2 are at present resident in the hospital. It is difficult to regard these figures for temporary patients as other than disappointing.

Since the last visit many useful improvements have been made in the equipment of the hospital. These include the provision of insulated food trolleys and the installation of a food mixer in the kitchen. A glad iron and a multiple roller calender have been added in the laundry. Work at present in progress comprises an extension of the dairy with installation of sterilizing plant, and the division of the medicine cupboards in the wards so as to ensure that poisons are kept under double lock. Some of the kitchen and laundry equipment has become worn out and the replacement of the fish frying and steaming apparatus in the kitchen and of four hydro-extractors in the laundry is being undertaken.

We found the patients generally well behaved, contented and free from complaints.

As usual we received a certain number of requests for discharge but, after inquiring into each case, satisfied ourselves that none of the applicants was at present fit to return to the outside world. We were glad to find that individual marking of patients' underclothing has been organized in some of the better conducted wards and that progress had been made in the modernization of the women's clothing. On the whole the patients struck us as being neatly clothed and well shod.

The wards, galleries and dormitories were well kept and throughout, including the sanitary annexes, scrupulously clean. A good supply of flowers was in evidence. We were glad to note the provision of a fixed lavatory basin with hot and cold water in F.1 sick dormitory and found, as was to be expected, that the experiment of installing an automatic water mixer in No. 5 (male workers) ward had proved a great boon to the patients warded there. While fully realizing the expense which installation of such a system throughout the hospital would involve, we nevertheless venture to

express the hope that it may be found possible in due course to undertake it. We learnt with pleasure that provision for a new operating theatre is being made in the 1936-37 estimates.

A point that struck us during our tour of the wards was the desirability of making provision for clothes hanging equipment in many of the store and cloakrooms. At present much of the clothing, though neatly folded, tends to lose shape through this process and probably lacks the airing it would receive if hung.

Matters which attracted our attention in connection with the indoor recreations of the patients—otherwise well organized—were the absence of wireless and sound films and of a sufficient supply of books in the wards. We understand that the first two of these items have both been approved in principle and therefore refrain from further comment beyond recording our opinion that they figure most prominently amongst the entertainments generally appreciated by patients. As regards the supply of books and library arrangements generally, we could not escape the impression that they were below the standard which we are accustomed to find in mental hospitals in this country. The number of books in the general library appeared to us meagre for a hospital of this size and importance and, though we were pleased to see that revolving bookcases and an additional supply of books had been provided in some of the villas, we formed a clear opinion that a larger supply of books was highly desirable in many of the wards. Improvement in the type of book furnished would also be of advantage, many of the volumes appearing to us old-fashioned and unlikely to interest the patients. At present the arrangements do not appear to permit of the provision of a good supply of readable books in satisfactory condition.

Turning to the occupations of the patients, we noted that while a considerable percentage of patients are employed in the utility departments of the hospital, including the farm and gardens, about 50 per cent. of those returned as employed on each side are in fact engaged in ward work only. Useful work with the right type of patients is done in the small occupation centres which exist respectively in the nurses' block, for women, and off one of the male wards, for men, and the female Occupation Officer also holds classes regularly in some of the wards and in the admission hospital. While we share Dr. Barnes' view that extension of occupations to the wards is highly desirable, our visit to these occupation centres left us in no doubt that the accommodation they provide is wholly inadequate and that further provision of this nature ought to be made. With a view to future extension of this form of treatment to the wards the training of a considerable number of nurses in as short a period as possible is necessary and such training can only be successfully provided in a centre of sufficient size. At the risk of repetition we might mention that elsewhere the provision of a small sum of pocket money for working patients has been found a useful stimulus to their industry and contentment.

One of us was much interested in seeing a group of about two dozen women of suitable type doing physical exercises to music under the instruction of the masseuse. We were glad to see that costumes are provided and to note that two nurses were assisting the instructor with her class. We believe that these activities are capable of stimulating the interest of, and being really beneficial to, a not inconsiderable number of patients and venture to hope that these nurses, and others who may assist the instructor in due course, may eventually become sufficiently proficient to undertake classes of patients belonging to their own wards.

We found an adequate number of nurses on duty at our visit to the wards and satisfied ourselves that the distribution of and arrangements for, the night staff were proper. Over 90 per cent. of the male and nearly 42 per cent. of the women are certified or registered as mental nurses. These figures compare favourably with the average for all mental hospitals in this country and are a well-deserved tribute to the attention devoted to the training of the staff. In connection with the staff generally we were very much interested

to hear that a full-time social worker had been appointed who was commencing her duties on September 1st. The former social worker's time was divided between work on behalf of this hospital and Horton Mental Hospital.

The mortality rate (per cent.) for the year 1935 was 4·9 in the case of the males, 2·4 in that of the females, and 3·7 for both sexes, which is much below that for mental hospitals generally.

Since the last visit, just 9 months ago, 78 patients have died and in 60 instances (77 per cent.) post-mortem examinations were carried out. Amongst the causes of death the chief were tuberculosis (7 cases), heart disease (16 cases), pneumonia (18 cases) and cancer (10 cases). The last is distinctly high and at our visit we noticed a number of male cases of this disease.

Since the last visit there has been an entire absence of dysentery or enteric fever. Three cases of erysipelas and two of lobar pneumonia are recorded, and there have been 19 new cases of tuberculosis, of which 17 occurred on the male side.

At present 26 males and 11 females are suffering from tuberculosis. In this connection we would remark that whilst the female isolation villa and its administration approaches the standard of the infectious hospital, in our opinion the male infectious ward presents a somewhat unhappy contrast in its management. In both cases tins should be provided for dirty linen in place of the baskets at present in use.

Eleven serious but non-fatal casualties, resulting in fractures of bones, have occurred during the period under review. All appear to have been accidentally sustained.

During our inspection of the wards we were fully satisfied with the care and attention bestowed on the sick, and with the general arrangements made for their comfort. In the case of two wards, however, C.1 and N.1, we saw padded rooms which are not only dark and dreary but are unhealthy and ill-ventilated. We discussed this matter with Dr. Barnes who is considering a possible means of removing this disability. The number of patients in bed, males 64 and females 91, was unusually low, being 5·4 and 8·6 per cent., respectively, of the resident population.

Another matter which we discussed with him was that of the arrangements for the observation of patients on suicidal caution cards.

The dietary, which is arranged on a four-weekly rota, appeared nutritive and well varied. In connection with the service of meals in the wards, we noted with pleasure that tea is made in teapots in many of the better conducted wards and that sugar is placed on the tables. Such matters as this and the general comfort which we observed throughout the patients' quarters are evidence that much forethought is expended on the welfare of the patients.

Dr. Barnes is assisted by Dr. J. A. Madgwick as Deputy Medical Superintendent and 6 assistant medical officers, of whom two are ladies.

LONDON COUNTY MENTAL HOSPITALS.—10. WEST PARK.

October 23rd, 1936.

In the course of yesterday and the day before and part of to-day we have paid the annual visit on behalf of our Board.

We found 2,154 patients in residence, 1,167 men and 987 women, of whom 70 and 29 respectively enjoy the status of being voluntary patients and, of these, about 20 per cent. are regradings from the certified category, a practice which we hope it will be found possible to extend. In addition to those in residence, 26 others were out on leave or trial.

Free use is rightly made of this well-established system of testing patients fitness for full discharge by a preliminary period of absence on trial, in the carrying out of which the help of the Mental After-Care Association is of great service. Thus, taking the figures of last year, while the number of

certified patients discharged was 184, the number allowed out on leave or trial was not far short of it—175; and to 70 per cent. of these a money allowance was made.

Including 46 service and ex-service men, the numbers classed as private patients are 62 men and 37 women; they pay a weekly sum varying from 25s. 8d. (which is the weekly maintenance charge for “home patients”) to 30s. 11d. There are 14 patients who, belonging to 13 out-county authorities, are here temporarily, pending either discharge or transfer to their appropriate mental hospitals.

Looking at the figures relating to the admissions, we are very glad to note evidence of a distinct rise in the proportion admitted as voluntary patients. Thus, while during last year 16 per cent. of the 364 new admissions were voluntary patients, their proportion for the current year (nearly ten months) is 21 per cent. The number received as temporary patients is, however, very scanty and, in fact, has fallen rather than risen; namely, from 4 per cent. last year to scarcely 3 per cent. during the current year. This scanty use of Section 5 of the Mental Treatment Act is probably largely due to the circumstances of admission under which it is rarely the case that any patient (except, it may be, some of the voluntary patients) is received at the mental hospital directly from his or her own home.

The death-rate for 1935 was very low: only 4 per cent. calculated on the average number resident. While—all things being equal—a low rate is of course satisfactory, so low a one as this is, coupled with the nearly equal percentages for men and women (4 and 5 respectively) and the additional fact that the rate for women exceeds that for men, invites the question whether there are any types of patients who, now, do not find their way here. Such a possibility suggests return of thought to the proportion of voluntary patients among the admissions. For, while its definite increase is welcome, it is still far short of what is attained in some mental hospitals. We believe that the attainments we have in mind is largely due to the fact that members of the medical staffs of those hospitals are in touch with out-patient departments at general hospitals at which, in the section where cases of mental illness are seen, they both see and themselves treat patients who, should the treatment be unavailing and should in-patient treatment be needed, are then the more readily willing to go to the mental hospital with whose doctor they have become acquainted. Four members of the medical staff here are attached, we know, to the mental departments of certain hospitals in London; but while that, of course, is all to the good, it is not quite what we mean.

Since July last year (the date when our colleagues last visited), there have been 77 deaths, followed in 67 per cent. by autopsy. In no instance was there a bed sore: an absence which, in that number of deaths, is creditable to the nursing staff. Among the deaths were two cases of suicide (one of which was an encephalitic and in the other instance the act was done while the patient was out on trial), a case of fracture of the pelvis sustained in an accidental fall, and an unusual case of accidental but fatal wounding by a knife which the patient was handling by permission. In each case an inquest was held and the details were reported to our Board at the time. Other than in these four cases, the cause of death was natural. The numerically chief causes were heart disease in 27 per cent. and pneumonia in 41 per cent. As not more than seven cases of the latter's lobar form have been returned, we assume it was mostly of the bronchial type; but, even then, so high a proportion may merit some further consideration by the Hospital's medical staff: it is perhaps explainable by the ages of the patients.

Ten per cent. of the deaths were due to tuberculosis, of which disease, besides 1 member of the male staff, 17 patients on the male and 15 on the female side are known to be the subjects. The fact that this present incidence is proportionately higher than the average for all mental hospitals (about 8 notifications per thousand resident as compared with an average

of 6·5) does not disturb us, because in so many places it is undoubtedly underestimated; what is important and satisfactory is that the tuberculous deaths (2·3 thousand resident) have become now definitely less than the average—4·6—which happily appears, too, to be a falling one.

As to other infective disorders, there was some influenza last Spring, mostly among the male staff; and there have been 10 cases of *eyrsipelas*, including two members of the male staff.

Not including the already mentioned cases in which death ensued and the case of a broken leg present on admission, there have been 14 instances of fracture or dislocation among the men and 13 on the women's side. In nine of these 27 cases, the occurrence took place during an altercation with a fellow patient; in one, during an outburst of intense excitement; in another the cause could not be ascertained. In the remaining 16, it was the result of some simple accident; as to these, it may be of interest to note that one was sustained by a fall from bed, two others when getting into or out of bed, and another by a fall in the dormitory; 4 by falls in a day-room; 2 by falls in a sanitary annexe; and that the other 6 took place outside the ward—2 out of doors and 4 in such places as the stores, laundry, etc. For the help by X-ray examination supplementary to ordinary clinical diagnosis (whether surgical or medical), the Hospital is dependent on the apparatus at Horton. No doubt, in this way, they are better off than a good many places, but, mindful of the very real difficulties which mental patients are apt to present, it occurs to us, as worthy of consideration, how useful and more than justifiable might be the provision centrally on the Epsom estate of a really first-class apparatus with either a small and subsidiary one at each of the five institutions or a portable apparatus available from the central X-ray unit.

The central station, as a centre for the generation of electric current and for pumping part of the water supply, has been dismantled and current is purchased. Some extensions have been made to the farm dairy, including its sterilizing plant (which we hope can be brought soon into use), and electric lighting has been extended to new buildings on the farm. Noteworthy improvement, too, has been made in the electric lighting of the wards. In some of them their large old-fashioned dining tables have been cut each into two; a great improvement which we hope will be extended to all other wards.

The ovens in the bakehouse have been renewed and now are of the drawer type. There has been an installation of emergency means of heating of operating-room. A refrigerator with six compartments has been installed at the mortuary.

There is under consideration the provision of a refrigerator for the main kitchen, of a speaking film apparatus for the hall, and the replacement of some of the plant in the laundry; also the erection of further nurses' home accommodation and some adaptation of their existing quarters. Some alteration is being or is about to be made of staff bedroom locks. Its mention prompts us to note that when in the admission hospital—from which, being one of the units for recent cases, it is specially desirable to keep in the background evidences of detention—we observed how many, instead of perhaps an inevitable few, of its doors require a key to open them; whereas, subject of course to its being possible if desired to lock them, they with advantage might be allowed to be ordinarily on the latch.

The hospital throughout is in good order, the wards bright and cheerful, their furniture well maintained, and in the main they are well supplied with amenities; and it is clear to us that, in addition to what falls within more specifically medical treatment, much is done to secure the comfort and contentment of the patients.

We observed, however, that in some of the wards the book-shelves were empty. We think it should be possible to arrange that in every ward, preferably in every day-room, there should be a shelf or a couple of shelves—not necessarily large ones, say 18 in. or 2 ft. long—full of books, visible

and freely accessible to the patients. The supply of plants in the wards, though nowhere absent, is not so full as we are accustomed to find, and we wondered if its source is adequate. No ward was other than comfortably warm, but, in this relation, there is another amenity for which we would put in a plea, namely, that besides the use of open fires in each of the sick wards, the wards reserved for the aged (e.g. B.2 on each side) should be similarly privileged and that, in the wards and detached villas which are occupied by trustworthy industrious patients, fires should be allowed to be lit after tea during the colder months; for example, F.H.2., J. and, as it was pleasant to see in Burnham Villa, in such units as Lakeview, Oaklands and Santhams. It is often said that nowadays it is hard to induce patients to engage in utility occupations. We are positive that one of the best incentives is the setting apart of units to which none but trustworthy industrious patients are sent, as is in the main so wisely done here, and maintaining in each of these units amenities and privileges on a scale which, while avoiding extravagance, intentionally indicates some special degree of liberality in such directions as liberty, food and creature comforts. Among the latter, ability after tea and after work is over, to sit round a fire indeed ranks high. Again, in the units for men, billiards on a full-size table affords a very great source of pleasure; there are here four such tables.

There seems to us a specially favourable opportunity here for full development on these lines, for at least two reasons—

One of these reasons is the liberality with which parole is granted; to 25 per cent. of the women and to rather more than that proportion of the men. These proportions include 93 men and 54 women to whom the privilege extends beyond the hospital grounds. Such success in a very important matter could not be maintained with safety did not the doctors and nurses know their patients individually well and were it not for the good spirit and understanding which so clearly prevail here between patients and staff.

The other reason relates partly to the dietary and partly to the cooking of food. The scale is a well considered one and great care is taken by judicious elasticity to avoid monotony. With respect to the cooking, while we have no reason to doubt that due care is taken as to the meals which are sent to the wards in general, we were specially interested in seeing the arrangements under which each detached unit does its own cooking in its own domestic type of kitchen; and this, it is claimed, is done both with economy and great satisfaction to their occupants. Adverting again to the scale, besides due allowance for bone, considerable allowance, we see, has to be made for loss in weight in cooking. As the villas do their own cooking, we wondered whether, by way of endeavour materially to reduce this loss, experiment might not be tried of the system of cooking by high pressure pots, of which we believe there are several varieties on the market. There is another privilege, too, the possibility of instituting which we suggest is worthy of consideration. We are aware that patients are allowed to wear their own suits and dresses and that relatives are encouraged to provide them. What we have in mind relates rather to the clothing provided by the hospital and to an effort to reserve to each patient, besides outer garments, a set of underclothing. We know that the proposal sometimes has been declared impracticable, but we also know that there are places where these difficulties have been surmounted; and, in a place such as this where so many pains are taken, it occurs to us that, while not attempting it in all wards, it might prove manageable in the units for recent cases and those in which the industrious and trustworthy patients are accommodated. We cannot doubt but that it would prove another incentive to self-employment.

Employment does in fact figure prominently in the hospital's therapeutic activities and, by way of emphasizing the importance, careful and detailed weekly returns are made from which it at once can be seen what each unit is doing in this matter.

With regard to utility occupations, we note with approval that no ward or villa is allowed to reckon more than a reasonable number of recognized helpers; the average appears to be 7. On the men's side 137 are employed on the farm and garden and in the grounds; having regard to the source of the patients this 11 per cent. is very fair. That only one patient is returned as employed with the carpenters seems a pity; but, subject to that comment and perhaps a wish that it might be possible to undertake the making of more new boots and shoes, it seemed to us that very good use is being made of the shops. On the women's side, again, the average of helpers in each ward is 7. We are glad to see that between 70 and 80 patients (about 8 per cent.) are employed in the laundry (whence there is a turn-out of about 45,000 articles a week) and a like number in the needle-room. It is quite exceptional in mental hospitals to find, as here, the latter placed upstairs; by being over the ironing-room it thus saves space and does not give rise, it is said, to inconvenience. We were surprised to find only seven women employed in the main kitchen.

For handicrafts and other forms of what is usually termed occupation therapy, there is now a male official for the men's side as well as Mrs. McLuskie who for a number of years has done such good work on both sides. This doubling of teaching and supervising strength is having visible effect. We hope it will be found possible to maintain, as at present done at the admission hospital, separate sessions for the recent cases; and that in the development of classes in the main building an active medical direction will be maintained. As an example of our meaning the employment return on the women's side (a corresponding line of figures is not in the men's list) gives 433 as the number of non-workers; we assume that it is among these that special effort in these instructional classes is concentrated; and we suggest that, for full success, it should be prescribed individually by the patient's doctor who should keep a watch on individual results. In the report for the men (we did not see corresponding figures for the women) we noted that figures are supplied showing—

(a) the number sufficiently improved to have been passed on to the shops and other utility occupations, and

(b) the number who have been discharged while still members of one of these classes;

we feel that, say, a monthly return of that sort must be of great value.

It is clear, too, that the advantages for mental patients of physical culture and folk dancing are fully recognized here. It would seem, and from what we saw we are not surprised, that the classes are sufficiently successful to warrant—indeed, even to demand—the institution of senior ones. We are sure, too, that so soon as suitable costumes have been provided, they will prove an additional incentive to this line of treatment.

We saw some 80 women in bed—that is about 8 per cent. of the female patients in residence—but only about half that proportion of men. They were all obviously in receipt of excellent care and attention. From conversation with certain patients who assist in cleaning and scrubbing, it is clear that the use of brushes of different shapes is desirable by way of indicating the reservation of their use for boards and floors in places where food or dishes are handled.

In male B.1 sick ward some structural change is in progress to adapt the clinical room for other purposes. While not doubting the wisdom of the latter, it struck us that the situation of the room selected for future use as a clinical room is unfortunate in that it is not directly accessible from the dormitory.

Twenty-one women nurses are employed in the male wards. Exclusive of the sub-officers (of whom there are 10 of each sex), the unusually high proportion of 56 per cent. of the women nurses are either certificated or registered in mental nursing and 50 others have passed the preliminary examination. As to the men, it seems that, with the exception of some 7

(all of whom have passed that examination) practically the whole of them are either certificated or registered in mental nursing. This is quite a remarkable statement to be able to make about so large a male staff; and, on both sides, evidently a great deal of pains must be taken here in the highly important matter of the training and teaching of the nursing staff.

The hospital has been notably successful in the promotion of outdoor sport among the patients. During 1935-36, 13 football matches were played by them against the teams of sister hospitals and during the cricket season a like number of matches were played and, as it happened, won. For patients of the closed wards there is daily football, and those who are taken for boundary walks enjoy, by way of variation, a tug-of-war on the cricket field, etc. Inter-ward bowls matches have been started and 7 matches with other hospitals have been won.

The hospital has the aid of a visiting staff of specialists from University College Hospital. As resident medical colleagues, Dr. Roberts continues to have the assistance of Dr. J. S. Harris as Deputy Superintendent, Dr. J. E. S. Lloyd as first assistant, Dr. C. R. Birnie and Dr. A. Kennedy (at present seconded to the Maudsley Hospital) as second assistants and of three other medical officers. They constitute an exceptionally well qualified medical staff.

MIDDLESEX MENTAL HOSPITALS.—1. SPRINGFIELD.

August 25th, 1936.

We have during the past two days paid the annual visit of our Board to this mental hospital. In the absence on leave of the Medical Superintendent Dr. Worth, his Deputy, Dr. Smith, escorted us in our visits to the wards, and he and the assistant medical officers rendered us every assistance.

The patients in residence to-day number 1,874—722 men and 1,152 women. Of these 39 men and 74 women are voluntary patients and only 1 man a temporary patient. There are at present 4 men and 10 women out on long leave or trial and 1 female boarded out under Section 57 (Lunacy Act, 1890), giving a total on the statutory books of 1,889. Eighty-three males (70 in the service or ex-service class) and 54 females rank as private patients.

We believe we have seen all the patients in residence and we have spoken to a great many. It is obvious that much thought is given to making their lot as happy as possible, and we are sure they are on the whole most kindly treated and nursed. Complaints were few and the only one of any substance—a statement by one patient that another patient in her ward had been ill-treated by a nurse—was investigated very fully by us. We are of opinion that the charge was not substantiated, but we have asked Dr. Smith to go further into one aspect of the matter reported to us.

Upon the figures given to us there is a deficiency of accommodation by day on the male side for 15 and on the female side of 55 patients, but there is no deficiency by night on either side. We were, however, impressed by the apparent overcrowding in some of the dormitories in the male infirmary wards where bed patients were being nursed. These wards are situated in one of the oldest parts of the hospital. Their ventilation appeared inadequate which emphasized the apparent overcrowding. We might also mention here that these sick dormitories are badly supplied with hot water, and we should suggest the installation of lavatory basins with hot and cold water laid on. These have been found most useful in the wards in the female side where they have been put in. The male wards referred to are wards 3, 6 and 9.

The weekly maintenance charge for rate-aided patients is 26s. 3d. and for private patients from 43s. 2d. to 64s. 2d. The average weekly maintenance cost is £1 5s. 8d.

Eight men and 12 women enjoy parole beyond the grounds, and 100 men and 238 women have parole within the grounds.

A large amount of redecoration has been carried out on the female side of the hospital, and the wards there were bright and gay, and plentifully supplied with flowers. The annexe at Malden, however, is much in need of repainting, and we noticed that some of the w.c. pans there were in need of being replaced. On the male side a great deal of redecoration is called for.

In the older parts of the hospital owing to the old-fashioned shape of the windows and the inadequacy of cross-ventilation the ventilation is by no means perfect. The windows open insufficiently and the ventilators over the doors of the single rooms do not let much air through, and are in themselves dirt-traps and difficult to clean. A number of the ward kitchens also are badly ventilated and tend to be unduly stuffy. A number of wards are without small larders and the daily ration of bread, butter and other things is often housed in a press in a dark corner of a ward corridor. These are unsuitable for the purpose for which they are used.

The Ward gardens are again better on the female than on the male side of the hospital. We wish male patients were encouraged to work in their ward gardens and to take a pride in them. The seats in all the gardens were in need of repainting and varnishing.

The Wards are well furnished with daily newspapers, and since the last visit a central library has been formed and is now quite an efficient unit. About 100 patients at present change their books there each week, a number which, we think, can easily be increased. The ward bookshelves contain a somewhat poor selection of novels, and although on the male side these are said to be changed weekly, on the female side a new supply is seldom received.

We were glad to hear that voluntary patients are encouraged to wear their own clothing. The clothing provided by the institution, however, is of good quality and care is taken to make it as varied for the women as possible. All marking is done by a marking machine and the disfiguring of ink marking is thereby avoided.

Further attention should be paid, particularly by the nurses on the male side to details of general hygiene, and to the training of patients in orderly cleanly habits. We were, for instance, much surprised to find that a large number of male patients sleep in their day shirts. In many wards the stocks are inadequate to provide each patient with a nightshirt or pair of pyjamas, but even the stocks kept are not used; ward male 11—a convalescent ward with 48 patients of the better type had a stock of 30 pyjamas and 7 night-shirts. None of the nightshirts and only 17 pyjamas were in use. In Ward 6, an epileptic ward with 51 patients, 17 of whom were being nursed in bed, there were 12 pyjama suits and no nightshirts. The charge nurse admitted that it was quite likely that a patient who had been in bed for several days would on getting up and dressing, continue to wear the day shirt he had had on in bed.

We also noticed a number of patients, including bed patients, with very dirty teeth and who were without tooth brushes.

We saw a good dinner of meat pudding, cabbage and potatoes, and bread and cheese being served yesterday. One patient complained to us about the frequency of rice pudding in the diet. We went into this matter, and found that during the past 4 weeks rice pudding had been served on two days a week, and in one week on 3 days, and that the patient did in fact in one period of 8 days have rice pudding on 4 occasions.

At the Annexe at Malden there is an occupation centre where about 60 of the chronic type of female patient work at various crafts. We were interested by what we saw there. In addition knitting, crochet and embroidery is, we understand, carried on in the wards of the main building. Recently a class of between 8 and 14 men has been started for making baskets, brushes and doing book binding. A total of 14 male patients is also employed

in the upholsterers' shop and in the cobbler's and tailors' shops. The organization of occupations upon therapeutic lines, however, is yet to come, and we welcome the information that steps in this direction are to be taken in the autumn.

The nursing staff consists of 31 men and 25 women of charge rank, and 101 male and 141 female nurses of ordinary rank, 21 men and 22 women are employed on night duty. One hundred and three men and 105 women are certificated or registered as mental nurses, and 18 men and 30 women have passed the preliminary examination.

The mortality rate per thousand for the year ended 31st December, 1935, was 51, the average number of patients being 1,825. The deaths numbered 85, post-mortem examinations being conducted on 31 of these. In 7 instances bedsores existed at death.

The causes of death included heart disease 16, pneumonia 13, senile decay 10, tuberculosis 5, and enteric fever 1.

One inquest has been held since the last visit, on a patient who accidentally fractured his pelvis as the result of charging himself against a ward door.

Twelve serious but non-fatal casualties, all accidental fractures of bone have occurred.

A small outbreak of 5 cases of enteric fever (3 male and 2 female) took place in the Spring, and 9 new cases of tuberculosis are reported. At the present time 8 patients are suffering from this disease.

Following the outbreak of enteric fever 5 female carriers have been discovered, and they are completely isolated in the sanatorium of Ward 15.

During our visit we noticed certain details of ward hygiene which leave much to be desired. Baskets are used on the male side not only for the ordinary laundry, but for the fouled linen of patients of incontinent habits. The latter baskets are kept in many instances in undesirable places—for example, lavatories, and do not appear to be subjected to any process of disinfection. On the female side tins are used for the foul linen. The tins do not leave the wards, and after their contents have been removed are washed out with disinfectant, not a very satisfactory method. We should like to see covered tins used for the transfer of all foul and infected linen to the laundry, and disinfected with live steam before they are returned to the wards.

Both dirty linen and foul linen are sent to the laundry in bundles, and the latter is there soaked in a tank of disinfectant before being washed. These methods, though undesirable, may not be dangerous in the absence of infectious disease.

On the other hand we cannot view without apprehension the fact that the soiled linen belonging to the isolated enteric carriers is disinfected in the ward only before being sent to the laundry for washing, and we are not clear as to the purpose served by the steam disinfector beyond the sterilization of articles that cannot be sent to the laundry for washing.

During our inspection of the lavatories we noted that all the doors possessed sunk brass handles, which would be difficult or impossible thoroughly to disinfect should the need arise.

The infirmary block contains an excellent treatment department, consisting of an operating theatre, an X-ray room, and a pathological laboratory. Few mental hospitals are better equipped in these respects, and we were given abundant evidence of the excellent work which is being done by the staff, the pathologist and the visiting specialists.

The hospital contains numerous well equipped clinical rooms, some of which are provided with hot and cold water; and during our tour of the sick wards we were impressed by the evident interest taken by the medical staff both in diagnosis and in treatment.

Out-patient clinics are held weekly at the Westminster Hospital, and also at the West Middlesex County Hospital.

MIDDLESEX MENTAL HOSPITALS.—2. NAPSURY.

January 15th, 1936.

We have spent the past two days in visiting this large and well-equipped hospital, and have seen all the patients in residence giving all who wished to do so, an opportunity of speaking to us, and we granted 4 private interviews.

There were in residence to-day 1,859 patients—795 men and 1,064 women. Of these 44 were voluntary patients and the remainder were all under certificate. During 1935, 284 patients were admitted directly—55 on a voluntary basis, the remainder being certified. The fact that no temporary patients under the Mental Treatment Act were admitted during the year must be a matter of some concern to the Visiting Committee and the Medical Superintendent, as, indeed, it is to us. Our colleagues in their report of July, 1935, referred to this matter at some length, and we would associate ourselves with their remarks. Section 5 of the Mental Treatment Act was designed to prevent certain types of patients from having the stigma of certification. Its working depends to a certain extent upon the knowledge of its provisions amongst the doctors and relieving officers in the areas from which a mental hospital draws its patients. Much can be done by the mental hospital authorities to spread this knowledge. In one mental hospital we visited recently where Section 5 is working properly, we found that the Medical Superintendent in each case in which a certified patient had been sent in who could have been dealt with on a temporary basis, wrote a tactful letter to the certifying doctor pointing out that certification was unnecessary. The result has been most gratifying.

There are at present only two patients, one of each sex, out on leave or on trial. The total on the statutory books is therefore, 1,861.

There is now no overcrowding at this hospital.

The weekly maintenance rate for rate-aided patients is 26s. 3d., and for private patients 38s. 6d. The weekly maintenance cost is 23s.

Twenty men and 30 women enjoy parole beyond the estate and 150 men and 130 women parole within the grounds. A number of wards on both sides are administered on the open-door principle. The absence of fencing and walls, and the very large ward gardens do much here to give an atmosphere of freedom which we are sure the patients appreciate.

In our tour of the wards we were much struck by the extremely quiet demeanour of the patients. There was no noise of any kind. No complaints were made except on the score of detention, and it is obvious to us that the patients here are kindly treated and tactfully handled.

We were glad to hear that patients of both sexes are encouraged to wear their own clothing, and that this privilege is not confined to the 60 men (56 service or ex-service) and 12 women, who rank as private patients. The institutional clothing, however, is not up to the standard generally found in a hospital of the standing of Napsbury. All hospitals are faced with the problem of dirty and destructive patients. In the wards housing such patients clothing is necessarily a great difficulty, and the patients in them cannot look so neat or cleanly as in other wards. In the admission, convalescent and quiet chronic wards, however, much can be done to smarten the appearance of patients. In this hospital we should like to see a great improvement in the attire of male patients. Condemning ought, we think, to be carried out more rigorously—badly frayed shirts should not be seen on patients of a good type—proper ties, perhaps woven in the female occupation centre, do much to smarten patients' appearance—and we think a steam trouser press should be installed in the tailors shop. All suits washed in the laundry could then be properly pressed out. These steam trouser presses have been found most useful elsewhere.

On the female side we consider that the underclothing should be modernized. A start could perhaps be made in the admission and convalescent wards. The present underclothing is very out of date, and much below the standard found in hospitals of similar importance.

Another suggestion we would like to make regards the women's dresses. It is now usual to find that all patients of a good type are allowed to choose the material from the stocks and also the style for their new dresses, and they are then measured for them. At this hospital only the patients with awkward figures have dresses made to measure and the other patients have to take a dress of one of three stock sizes.

The wards were clean and well decorated with plants and flowers, and there were numerous illustrated papers and books to be seen. The male wards are well provided with billiard tables, which were all to-day in an excellent state of repair.

Some of the dayrooms and dormitories have been refloored in parquet, and a number of other wards are shortly to be treated in the same way. The ward kitchens are still without any adequate method of heating plates, but we understand that plans for the installation of hot plates are under consideration, and one has already been installed. We would like to reiterate the plea made by our colleagues in their last report for the introduction of small tables for meals. This improvement would cost very little, as the present tables could be divided at small expense.

There are at present only about 18 wireless sets for the whole hospital. We hope their number will be increased.

We have discussed with Dr. O'Neill the possibility of storing outdoor clothing in the cloakrooms by means of a fixed rod with coat hangers attached, and we were glad to hear that he hopes to experiment with this method.

We thought that a lavatory basin with hot and cold water laid on would be of great utility in the dormitory of the infirmary ward F.1.

At present there is no canteen, but patients are allowed to make certain purchases direct from the stores. The experience of other mental hospitals has shown that of all modern amenities the canteen is one of the most popular with patients. Canteens usually show a good profit, and the fund so formed can be used for patients comforts and outings.

We saw a good dinner being served and eaten to-day. It consisted of roast pork, potatoes and cabbage and a treacle and rice pudding. The diet here is on a weekly basis, but we hope that it will be possible to introduce instead the 3 weekly diet system which allows of greater variety, and also prevents patients from knowing before hand what they are going to eat on any particular day.

Occupation therapy continues to make progress on the female side. Classes are held daily, and 43 patients from the main building attend every morning, whilst in the afternoon some 35 patients receive instruction at the admission hospital. The variety of occupations taught is good, and the patients for this form of treatment have been carefully chosen. An interesting start in male occupations has been made since the last visit, and there are 2 classes daily of 15 patients each. The spread of occupations is hampered by lack of space, but it is hoped in a short time to be able to turn the old dining hall, now F. 15 ward, into an occupation centre for both sexes. It is suitably divided, and has access to a large garden where work could be carried on in fine weather. We hope the scheme will go through.

So far no attempt has been made to develop physical drill for patients of either sex. We have discussed with Dr. O'Neill the value of this treatment for certain types of case and we are hopeful that he will be able to start such classes on both sides. We were very glad to hear of the organized walking parties on both sides of the hospital. They provide most valuable exercise.

The present nursing staff consists of 28 male and 42 female nurses of charge rank, 97 male and 104 female nurses of ordinary rank, and 17 men and 27 women on night duty. Ninety-nine male and 43 female nurses are certificated or registered as mental nurses and 24 men and 52 women have passed their preliminary examination.

The general health of the patients since last visit has been very good. The small number in bed, namely, 42 male and 52 female, proves this, and few were there for mental reasons. All showed evidence of careful nursing

and supervision. The majority were in the open-air verandahs, but their beds are removed to the wards at night.

There have been no cases of influenza or dysentery during the period under review, but there were two cases of enteric fever, both females and from the same ward. Most careful investigations as to the source of infection have been carried out, but without the cause being discovered. Bacteriological examinations of the excreta of all patients in this ward have been made, but up to date no carrier has been traced.

The mortality rate for the year ending 31st December, 1935, was 6 per cent., which is slightly lower than the general average for all hospitals of England and Wales.

Since last visit there have been 47 deaths, 22 males and 25 females, and in 42 post-mortem examinations have been made—an indication of the care taken by the medical staff to confirm their diagnosis. The principal causes of death were pneumonia 11, general paralysis 9, and senile decay 3.

Since the visit of our colleagues in July last 4 inquests were held, particulars of which were reported to our Board. In two cases the verdict was accidental death, in a third natural causes, and in the last one of suicide.

Serious but not fatal accidents numbered 8. All were fractures, and with one exception occurred in the female side. Except in one case in which the cause could not be ascertained all were of an accidental nature.

In the laundry two callenders have been fitted with suitable guards, and we were well pleased to hear that the remaining two are to be replaced by a more modern type. We should like to suggest that electric irons of the non-flex type should replace the ordinary irons at present in use. This would reduce the chance of accidents which may result from patients' clothing coming in contact with the heating stove, even if well protected by a rail.

The foul linen is carefully dealt with, but less handling should be possible if it was checked in the wards before being sent to the laundry.

A steam jet over which to invert the foul bins would also, we are sure, be found more useful and easier to manage than the present method of their disinfection.

Now that the overcrowding in this hospital has ceased, we should like to recommend that a clinical room be provided in each ward. We feel confident that patients much appreciate having their interviews with the medical officers in private.

We hope the Committee will reconsider their decision regarding the appointment of a Social Worker. The services of such an one, from experience we have had at other mental hospitals, have been found extremely useful, and we fully endorse the remarks of our colleagues in their last report.

Our visit has been rendered a very pleasant one owing to the helpfulness of Dr. O'Neill and his medical staff.

MIDDLESEX MENTAL HOSPITALS.—3. SHENLEY.

October 2nd, 1936.

The 11 months which have elapsed since the last visit of our colleagues have been ones of steady progress at this hospital. The second half of the hospital will not be completed for another two years, but already it is possible to observe what the whole will be like and many of the new buildings are complete as far as their exteriors are concerned. By the end of the year two of the new villas will be ready for occupation, and should prevent any danger of over-crowding for some months.

Since last year one small new building has been opened—the hospital canteen—we visited this excellently equipped unit and were glad to hear how popular it is amongst the patients.

We have been impressed during our tour of the various parts of the hospital both yesterday and to-day by the great attention which has been, and is being, paid to small details likely to increase the comfort of the patients. We

are often told in other hospitals that patients' teas—to give but one example—can only be made in tea urns with sugar and milk mixed in. At Shenley, therefore, we were delighted to find that in nearly all wards there was a separate teapot for each table of six, and that sugar and milk were served separately. There are many other points with regard to the preparation and service of food which call for commendation here. The really modern kitchen equipment and the food containers which are so well designed for the purpose of conveying meals to outlying portions of the hospital ensure that food is served really hot. The dinners which we saw being served in the wards seemed most palatable and many patients told us how much they liked their meals.

We visited the central library, which we were interested to hear is affiliated to the Middlesex County Library. Five hundred books are obtained from that source every 6 months, and a corresponding number returned. The result is that the library is always obtaining a new supply of books—and from our inspection this morning we can say an interesting supply. The patients have taken a far greater interest in reading since this plan was adopted, we are told. Individual patients can change their own books at the library, and in addition a good supply of books is kept in the ward bookshelves and frequently changed.

There were in residence to-day exactly 999 patients, the number for which the present buildings were designed. Seven men and 5 women are away leave or on trial, and 1 man has recently escaped, so that the number on the statutory books is 1,012. Three hundred and twenty-nine of the patients were males, and 670 females, 49 of each sex being on a voluntary basis and 5 women being temporary patients. Since the beginning of this year 132 voluntary admissions and 11 temporary admissions have come in. Two hundred and three patients were admitted under certificates. These figures show a very satisfactory state of affairs.

Excluding 3 service or ex-service patients, one man and 7 women rank as private patients, and the charge made for them is £2 19s. 6d. per week. For the ordinary rate-aided patient the charge is £1 6s. 3d. and the average weekly maintenance cost is £1 13s. 1½d.

Patients here are encouraged to feel as free as is possible, and there is a most pleasing absence of locked doors, walls and high railings except where essential. Many of the villas are open to the grounds and others to the ward gardens. Forty-five men and 34 women enjoy parole beyond the estate, and 30 men and 50 women within the grounds.

We believe we have seen all the patients and we have had conversations with many; we gave 5 private interviews. No action is necessary in any case. Complaints were almost entirely absent and many patients told us how much they liked the hospital. The day-rooms and dormitories were in good condition and most comfortable. Yesterday the temperature was somewhat low in some of the day-rooms, this was in most cases overcome by open fires, but to-day the central heating arrangements were functioning again.

We would like to suggest the importance of lavatory basins with hot and cold water laid on in all parts of the hospital where patients are being nursed in bed. These basins if actually situated in the sick or infirm dormitory are an immense boon to the nursing staff particularly at night. Another small point we would stress is the value of fixed rods and coat-hangers in ward cloak-rooms. Rods and coat-hangers are the ideal method of storing outdoor clothing and prevent coats becoming shapeless and torn.

The question of storing patients' clothing by night is one we have discussed with Dr. Shore. We think it should be possible to devise a wheeled trolley for each ward which could be kept in the corridor at night.

A great deal is being done to interest and occupy the patients at this hospital. Occupation therapy is perhaps more organized on the female than on the male side. This is to be explained by the fact that the male occupation centre has not yet been built. It is worthy of note that the female centre

is already hardly large enough for its purpose. We saw a physical training class of young women which interested us, and we were glad to hear that other classes were also held on the female side. So far physical training has not been organized for male patients, but we gathered that the question has not been forgotten, and that classes will be started as soon as it is practicable.

The present staff of nurses consists of 20 men and 18 women of charge rank, 44 men and 88 women ordinary nurses, and 13 men and 22 women on night duty. Three women nurses are employed to nurse male patients.

Forty-three of the men and 40 of the women are certificated or registered as mental nurses, and 22 men and 35 women have passed the preliminary examination.

The mortality rate for the year ending December 31st, 1935, was 11·7 per cent. (9·9 per cent. males and 12·4 females). This is higher than the average for the year for all mental hospitals in England and Wales, which was 6·8 per cent., but the majority of these deaths were in patients over 60 years of age.

The general health since last visit has been very good. There have been no cases of any epidemic or zymotic disease amongst either the patients or the staff. This, we consider, is due to the healthy site of the hospital and the well-regulated diet which is on a 4-weekly scale.

There were 29 males and 69 females in bed at our visit, mainly for mental reasons, and we were glad to see that the majority of these were being treated on the verandahs.

There are 7 men and 2 women under treatment for tuberculosis. All were living under ideal conditions for the treatment and cure of this disease.

Since last visit there have been 91 deaths. The principal causes were pneumonia 24, senile decay 11, heart disease 10, organic brain disease 10, and general paralysis 5. In 40 of these cases their age was over 60 and in 3 over 80. In 74 cases post-mortem examinations were held.

During the period under review there were 6 serious but not fatal casualties, 5 were fractures and 1 wounds of chest which were self-inflicted. Of the fractures 3 were due to altercations between patients and 2 to falls.

Since last visit there was one inquest, particulars of which have been forwarded to our Board, the verdict was one of "Misadventure."

Excellent work continues to be done in the pathological laboratory. The serological examinations by the Wassermann and Meinicke re-actions are always contrasted and the results give practically the same finding in every case. Any suspicious case of diarrhoea is always carefully investigated.

The water supply is provided from a well in the grounds, and the water-softening plant is working well.

The sewage scheme is shared with the Mental Defective Colony.

The out-patient clinic conducted by Dr. Shore and one of his medical staff at the Central Middlesex County Hospital is doing very good work. When the mental block there is completed it is proposed that one of the medical officers at this hospital will attend frequently and advise regarding the treatment and disposal of the patients, in this way cases will receive expert treatment without any delay, and be transferred when necessary to the mental hospital. The cordial relations between the medical staffs of the two hospitals in carrying out the work at the clinic is a most pleasing feature and must add to the success of the scheme. The services of a social worker are available at the clinic, and are much appreciated both by the medical staff and the patients.

Our first visit to Shenley has been a most interesting one, and we have to thank the Medical Superintendent, Dr. Shore, and his medical staff for their very helpful attitude.

MONMOUTHSHIRE MENTAL HOSPITAL.

January 31st, 1936.

This hospital suffers from certain disabilities on account of the age of its buildings and the cramped nature of its site, but we are satisfied that Dr. Phillips makes every effort to make the best of the possibilities available to him. We are very much pleased to hear that tenders for the erection of the admission hospital and convalescent villas on the Maindiff Court site have been accepted, and trust that the inception of work on the contract will not be long delayed.

To-day there are on the books of the hospital the names of 1,284 patients (688 males and 596 females), 2 of each sex are present on trial, leaving in residence 686 men and 594 women, of whom 14 and 10 respectively, are voluntary patients. There are no temporary patients at present in residence. Fifty-three men and 27 women are shown as private patients, 41 of the former being service or ex-service patients. Out-county patients number 5—all women. Only one patient is boarded out from the hospital at the moment.

From the statistical returns furnished to us it appears that the hospital is overcrowded to the extent of 88 males and 24 female patients by day, and that there is a deficiency of night space for 59 patients on the male and 35 patients on the female side.

Even when the new buildings are erected some overcrowding will still remain, and we are therefore glad to hear that a proposal has been made that Dr. Phillips should visit some of the public assistance institutions in the district with a view to ascertaining whether they are suitable for housing patients under Section 26 of the Lunacy Act, 1890. Attention has been drawn previously to the very considerable number of mental defectives in residence here and during our visit we have noticed a number of them under the age of 20, of whom a fair proportion appeared to be trainable.

No training is given them in this institution, where they are perforce housed with older and sometimes rather deteriorated types of patient, and we feel that their removal to a colony is a matter of urgency.

We are interested to note that the number of voluntary patients admitted during 1935 was exactly double the number for 1934—an encouraging fact. The percentage of voluntary admissions to direct admissions in 1935 was, however, at 12·9, somewhat below the average for all mental hospitals in that year, indicating that there is still scope for improvement. Only one temporary patient was admitted in 1935. We discussed this question with Dr. Phillips, and have suggested that consideration should be given to making further efforts to familiarize the relieving officers and general practitioners in the district with the provisions of the Mental Treatment Act. If this were done and arrangements were made by the Public Assistance Committee to ensure that relieving officers dealing with a case had with them the three types of forms applicable respectively to voluntary, temporary and certified patients, we believe that an increase in the number of patients admitted without certification would result. It is noteworthy that over 75 per cent. of the annual direct admissions to this hospital come direct from their own homes.

We visited all departments of the hospital and the outlying dependencies, including the Home Farm, and found them generally in good order. A useful alteration made since the last visit (May, 1935) is the conversion of disused male and female recreation rooms into a lecture room and female patients visiting room respectively; the room formerly used as female visiting room having been converted into the female officers' dining-room. Another improvement carried out during the period is the tiling of the bread store-room. Attention has also been paid to the methods of transporting food to the wards, and we were shown a water-heated container which is being adopted for this purpose. So far no toothbrush racks have been provided in any of the wards, but we endorse the views expressed by our colleagues in the last entry regarding the desirability of them.

Save in one ward on the male side the patients were orderly and well conducted. No complaint of substance was made to us though a number of patients appealed for discharge. On investigation we were satisfied that none of the patients making such appeals were fit to return to the outside world, and we believe that every effort is made to test any patient's fitness for discharge as early as possible. This, indeed, is borne out by the returns furnished to us which show that in 1935 the number of patients sent out on long leave or trial was 90, while the number who were discharged or departed during the year was 66.

The clothing and underclothing supplied to the patients was examined. There has been a distinct improvement in the type of the women's undergarments, and we considered their frocks pleasing in pattern and material. When space allows we hope that coat-hanging fitments will be provided in some of the cloakrooms of the better conducted wards. A good many of the wash basins appeared to need renovation, and we should like to suggest the installation of one in the sick dormitories.

Parole is granted on liberal scale, 60 of the men and 12 of the women having full parole, and 72 men enjoying a similar privilege within the estate. All the outlying cottages, housing some 103 men, are administered on the open door principle, and 1 ward on each side is open to the ward garden. Somewhat akin to the foregoing privileges is that of sitting-up after the usual bed-time hour, and we were glad to find that a number of male patients are allowed to sit up till 9 p.m. nightly in male ward 3, where there is a billiard table.

Fifty-two per cent. of the men and 59 per cent. of the women are returned as employed, but apparently half of the former and 43 per cent. of the latter do ward work only. Only 28 men are employed on work other than on the farm and gardens or in the wards. We have discussed with Dr. Phillips the desirability of inaugurating a comprehensive scheme of occupational treatment, and find that he is fully alive to the necessity of it. We realize that his hands are somewhat full with other matters of importance at the moment, but hope that he will be able to find time to turn his attention to the question of occupations at no distant date.

The out-patient clinic conducted at the Royal Gwent Hospital, Newport, in conjunction with Caerlon Mental Hospital, continues to fulfil useful service. Sessions are held by Dr. Phillips fortnightly, an average of 6 patients making attendances. While the disadvantages of a conjoint clinic are obvious we are satisfied work of very real value is being done.

The mortality rate for the year ending December 31st, 1935, was 7·4 per cent. (male 8·8, female 5·8). The number of deaths since the last visit was 58 (males 30, females 28), and in 52 cases death was followed by post-mortem examination. The chief causes of death were heart disease (13), organic brain disease (8), kidney disease (7), tuberculosis (6), and dysentery (4).

The general health of the patients has been good, apart from an outbreak of enteric fever in November and December, affecting 4 female patients, and minor outbreaks of dysentery from time to time, affecting in all 35 patients. At present 3 patients are still suffering from enteric fever and 3 from dysentery. On the male side 1 ward is set apart for those suffering from dysentery, and all recent known carriers. On the female side 1 of the cottages is set apart for those suffering from enteric fever. Careful and repeated laboratory investigations are still being carried out on all "contacts" and infected cases.

The number of patients in bed during our visit was low, only 59 of the men (9·9 per cent.) and 55 women (8 per cent.). A fair number of these were in bed for slight physical ailments, and very few for excitement. All appeared to be in receipt of careful medical and nursing attention.

During the period under review there have been four serious but non-fatal accidents. All were in the nature of simple fractures, two being due to accidental falls and two to the action of other patients.

The dietary is at present a weekly one owing to difficulties of supply, but a return will shortly be made to a fortnightly basis.

The present nursing staff consists of 96 male and 100 female nurses, of whom 10 and 13 respectively are detailed for night duty. Sixty-three per cent. of the male nurses and 19 per cent. of the female nurses are certificated or registered as mental nurses. With reference to the latter figure we note that only 21 per cent. of the female nurses have more than five years' service in this hospital.

Dr. Phillips still has the assistance of Drs. P. Lornie, E. Jones and W. N. O. George. We should like to take this opportunity of thanking him for the arrangements made for us during our visit.

NORFOLK COUNTY MENTAL HOSPITAL.

January 7th, 1936.

Our visit to this hospital, which started yesterday, was completed to-day, and we are glad to report that we have observed many signs of progress in its administration during the past year. The medical and nursing staffs appear to have the interests of their patients at heart, and the latter are, we are confident, both kindly treated and carefully looked after. On the whole we consider that the female side of the hospital is in a more satisfactory condition than the male and this whilst overcrowding to the extent of 57 by day and 53 by night exists on the female side and there is a certain amount of vacant space in the Annexe. The annexe buildings, we realize, prevent a satisfactory classification of the male patients. The wards are far too big to enable much sub-division to be carried out. Not only is classification difficult, but the large day-rooms prevent a homely atmosphere. Some of our remarks regarding the male side of the hospital must be read in the light of these two facts.

There were to-day 1,129 patients in residence—447 men and 682 women (13 of the former and 29 of the latter as voluntary patients)—and we believe we have seen all of them and spoken to as many as showed any desire to converse with us. We gave two private interviews. The patients were, on the whole, happy and contented and quiet in demeanour, and few made any complaints except on the score of detention.

Three men and 2 women are at present out on leave or on trial and this gives a total of 1,134 on the statutory books. There are 50 male patients in the service or ex-service class and no other patients rank as private patients.

During 1935 63 voluntary and 184 certified patients were admitted as against 45 and 177 respectively in 1934. No temporary patients were admitted directly in either year. Our colleagues commented at some length on the fact that the area from which this hospital draws its patients is not benefitting by the provisions of Section 5 of the Mental Treatment Act. In associating ourselves with their remarks we would draw the attention of the Visiting Committee to the increasing use which is being made of this Section in other parts of the country where difficulties as great as these which are said to exist in Norfolk have been overcome.

The weekly maintenance rate for rate-aided patients is 21s. 7d., for service and ex-service 25s. 4d. The weekly maintenance cost is 20s. 9·4d.

The amount of parole granted is most satisfactory, 38 men and 27 women have this privilege beyond the estate and 23 men and 120 women within the grounds.

We were interested to visit the occupation centre on the female side where some 70 to 80 patients are occupied in a variety of ways. It is run by a nurse who has been trained in handicrafts with 4 nurses to assist her. The patients come for the most part from the more disturbed and acute wards, and we were glad to learn of the improvement which has taken place in their behaviour and habits as a result of occupational treatment. Similar work is carried on in the female wards with beneficial results. On the male side

much less is being done and there is great room for advance. We think it of the uttermost importance that the male nursing staff should become interested.

So far physical drill and organized games have not been started on either side of the hospital. Physical exercise is closely connected with the occupation therapy, and is of great benefit to mental patients. We have discussed this matter with Dr. Connell and we very much hope that as a result drill and games will be started. We were glad to hear that the number of wireless sets in the wards have been increased during the past year and that it is hoped to have a set in each of the male wards before the end of 1936. The laundry ward has recently been provided with a radio-gram which has proved most popular.

We saw an excellent room which has just been converted and is shortly to be opened as a canteen on the female side and we understand that a similar alteration is to be made on the male side. The canteens which have existed up to now were on a much smaller scale.

We were interested during our tour of the wards to see some of the new spring and hair mattresses which are being made in the upholsterers' shop. Several are now on trial, and if they prove durable they will be put into general use. We think that in all side rooms where patients have to be nursed on the floor two mattresses should be used. In the male convalescent ward we thought that the single rooms might be more comfortably furnished and to be made to approximate more closely to those on the female side. Generally on the male side more comfortable chairs are needed and we were interested to see a new type which has been introduced in some of the wards. We hope the number will increase. They would do much to improve the rather bare appearance of the male day-rooms.

We would like to suggest the modernization of the wash-rooms in some of the male wards and that in these, basins with hot as well as cold water should be installed.

Many of the cloak rooms on both sides would be improved by the introduction of fixed rods and coat hangers for the storing of outdoor clothing.

The clothing on the female side is good and we particularly liked the knitted jersey jumper suits worn by some of the younger patients. Male clothing is always a more difficult problem, and the male patients here are not so neat in appearance as the females. A steam clothes press in the tailors' shop would be most useful in smartening up the appearance of the males. We were surprised to learn that only about 25 per cent. of the males in some of the wards wear nightshirts. This is a matter which needs consideration.

The supply of daily newspapers in the wards is good and on the female side there seem to be many weekly papers of the kind popular with women, but we should like to see each male ward provided with such papers as *Pearson's Weekly*, *Tit-Bits* and *Answers*. A central library has been formed at which patients can change their own books, but this has resulted in the entire neglect of the ward book case. These book cases either contain no books or a very few old ones which are never changed. In one ward we ascertained that only 6 out of 74 patients went to the central library—the remainder therefore were without any reading matter except newspapers.

The nursing staff consists of 9 male and 12 female nurses of charge rank and 58 male and 62 female nurses of ordinary rank. Twelve men and 21 women are on night duty. Forty-nine men and 37 women are certificated or registered as mental nurses and 9 men and 12 women have passed the preliminary examination.

The mortality rate has been high on the male side (8.2 per cent.), but remarkably low on the female side (3.2 per cent.). The reason for this disparity is not obvious, but we think that the low rate on the female side may be in part due to the free ventilation which is encouraged. Since last visit there have been 46 deaths, 27 males and 19 females. Post-mortem examinations were held in 24 cases. The chief causes of death have been heart disease 10 and pneumonia 9. Inquests were held in 2 cases. A female patient committed suicide by hanging herself from a towel-rail in a store

cupboard, and a male patient died from pneumonia following a fracture accidentally sustained.

Serious but not fatal casualties numbered 7, all of them being fractures of bone. Four of these were due to accidental falls, 2 of which were attributable to slippery floors. In two cases injury was due to violence by another patient and in 1 case to resistance while a draught was being administered.

The only incidences of epidemic or zymotic diseases have been 1 case of para typhoid and 1 of erysipelas. At the present time 3 patients are said to be suffering from tuberculosis.

We paid particular attention to the nursing of the sick and infirm patients in the infirmary wards. The diet for these patients is varied and the wants of each case carefully considered.

There was a shortage of bed jackets in the male infirmary. We believe that the care of the patients in this ward would be improved if a female nurse was placed in charge.

We were surprised to find there was no sluice for cleansing sanitary utensils in the female infirmary, whilst in both infirmaries we should like to see a basin with hot and cold water laid on for the use of the staff.

In the female infirmary we noticed several patients who have had major operations since they have been in the hospital. The results generally show that an early diagnosis has been followed by skilful treatment.

NORTHAMPTON COUNTY MENTAL HOSPITAL.

March 6th, 1936.

Since the last visit by Commissioners, just over 10 months ago, Dr. F. J. Stuart, O.B.E., has relinquished the post of Medical Superintendent which he held for 15 years. Dr. Stuart joined the hospital as Assistant Medical Officer in August, 1899, and had thus for over 35 years been associated with its progress.

During his term of office Dr. Stuart's work has been characterized by much administrative ability which was also of great service during the years the hospital served as the Northamptonshire War Hospital when he held the post of Registrar. More recently he had been actively concerned in the arrangements for the new admission hospital, male convalescent villa and nurses' home. We wish him many years of happiness in his retirement.

To fill the vacancy created the Committee have appointed Dr. E. D. T. Hayes (M.D., D.P.M.), who has been Deputy Medical Superintendent here since 1926. The general conditions which we have found prevailing at the hospital during our visit and the progressive spirit evidenced appear to us to augur well for the future of the hospital under his administration.

We commenced our tour by visiting the admission hospital and male convalescent home which are now in full working order and are being put to excellent use. Neither side of the admission hospital was fully occupied as it is only used for more recent and recoverable cases. We were well satisfied with the general arrangements made.

The nurses' home is nearing completion. It is a well designed building and should prove of the greatest value to the hospital. We are glad to hear that advantage will be taken of the rooms vacated by nurses now sleeping on the wards to provide clinical rooms.

To-day there are on the statutory books the names of 1,030 patients in the proportion of 470 men to 560 women, 3 of the latter being at present on trial, leaving 1,027 patients in residence. Voluntary patients number 22, but no temporary patient is at present in residence. There are 315 out-county patients of whom 313 (132 men and 181 women) are chargeable to the County Borough of Northampton.

During the year 1935 there were 148 direct admissions to the hospital, of whom 29, or approximately 20 per cent., were received as voluntary patients and 3 as temporary patients. More recent months show a higher

percentage of voluntary admissions, but the number of temporary patients received continues low. We have discussed the question of the latter type of patient with Dr. Hayes, and find that no temporary and few, if any, voluntary patients are received from the public assistance institutions or through relieving officers. Our Board issued a circular (No. 805) on this matter in January, 1935, and we would draw the attention of the Committee particularly to those portions of it which deal with co-operation and consultation with the Public Assistance Committee or Committees concerned. In this connection we note that patients are now received from only four public assistance institutions in the area and that over 61 per cent. of the direct admissions in 1935 came to the hospital direct from their homes.

According to the statistical returns furnished to us the hospital has vacancies for over 30 men both by day and night but is overcrowded on the female side to the extent of 20 patients by day and 17 by night. This will be to some extent relieved by the vacation of the nurses bedrooms on the wards, but even then there will be little margin. There are still some 19 defective children accommodated in the childrens' ward and their removal to an institution for defectives would be of all-round benefit. Looking over the statistical returns we were glad to note that 18 out of the 31 patients sent out on trial during 1935 were granted money allowances.

The weekly maintenance charge per head for home patients is 21s. 6d. and the average weekly cost as last ascertained was 18s. 5.4d.

Parole beyond the estate is granted to 20 of the men and 14 of that sex and 24 women enjoy similar privilege within the estate. Of the male wards one is open to the ward garden and one to the grounds, while on the female side 2 wards are open to the ward gardens and 1 to the grounds. The patients in 2 of the male wards are permitted to sit up till 9 p.m.

During our tour of the hospital we endeavoured to give every patient an opportunity of speaking to us and conversed with many of them. Generally they seemed contented and no complaint, other than on the ground of detention, was made to us. Some advance has been made in the modernization of the women's undergarments and new types of nightshirts for the men and bath towels are being provided.

The wards on the female side are in very good decorative repair and work of this nature is at present proceeding on the male side, the colours chosen producing a bright and pleasing effect. General alterations completed since the last visit include the reconstruction of the drainage system whereby the hospital sewage is now enabled to be discharged into the Northampton Borough sewer. At the present time work is proceeding on the reconstruction of the sanitary spurs to male wards i and ii; new wash-basins and urinals are being fitted and the walls are being tiled. We understand that extensive alterations to the stores are contemplated which will increase the space available from 1,220 sq. ft. to 3,650 sq. ft. The extra accommodation is much needed.

During our tour of the wards we noticed the lack of cloak-room accommodation in ward A.R. on the female side. Perhaps it might be possible to remedy this when the nurses' rooms are vacated. We wondered also whether it might not be possible to provide small tables and chairs in some of the roomier dining rooms. Such an innovation would enable better classification at table and add generally to the brightness of the rooms and contentment of the patients. We should like consideration given to the possibility of allowing patients in the better conducted wards, and particularly in the women's convalescent ward, access to the adjoining sanitary annexes at night.

The provision of a steam press in the tailors' shop would be of advantage. Visiting the recreation hall we observed that there was no effective second exit from the stage end.

Well thought out and systematic advance is being made here in the therapeutic use of occupations as a means of treatment, and we found a good nucleus of patients engaged in some form of hand work in many of the wards. At present no room has been set aside as an occupation centre in

either division though Dr. Hayes is considering the allocation of certain accommodation for that purpose. Such provision would enable the training of the nurses to be undertaken and we hope that development in this direction will not be long delayed. We understand that Dr. Hayes hopes to be able to find time shortly to visit two or three hospitals where this form of treatment can be seen working on a well organized basis and believe that he would find such visits profitable.

We were very interested to hear Dr. Hayes' account of the out-patient clinic which is held on two afternoons a week at the Northampton General Hospital where Dr. Hayes is an Honorary Physician. He is assisted in this work by Dr. Carse one afternoon a week, and both these gentlemen spend many hours in the active psychological treatment of early psychotics and neurotics, many of whom are definitely prevented from becoming mental hospital patients while others are induced to come as voluntary patients to the new admission hospital known as Pendered Hospital.

That this out-patient clinic is being carried on at a voluntary hospital is a fortuitous accident of which all parties concerned may be justly proud; the important point is, however, that it is functioning as a county clinic, and must, in the long run, have its effect on the admission rate to the mental hospital. We therefore have no hesitation in congratulating the Committee on their foresight in encouraging Drs. Hayes and Carse.

With the opening of the new admission hospital, equipped with the necessary pathological unit, it has become possible to subject each new admission to a most thorough physical, pathological, serological and biochemical examination without which underlying physical conditions, frequently found to be the determining factors of mental illness, cannot be excluded. We were greatly impressed with the very excellent records kept of these findings and of the results of treatment. The nursing staff generally appeared to us to be competent and interested in their work, particularly in the admission hospital and those other wards where results are to be expected from either physical or psychological treatment or both, and also in the occupational treatment which, as mentioned above, is gradually spreading through the hospital.

The prophylactic inoculation of all new admissions against enteric fever continues to be carried out, and everyone is re-inoculated every 18 months. There are now 48 female and 35 male patients, who were afflicted with enteric in the epidemic of a few years ago, segregated in wards E and male 7; also there are 13 females and 3 males from an older infection in other wards of the hospital. It is hoped that in time, with effective immunization, it will be possible to redistribute these patients with safety, but in the meanwhile all proper means to prevent infection from them are being carried out. There is only 1 case of old dysentery and this patient also is being carefully observed and segregated.

There are extraordinarily few tubercular patients in this hospital, the incidence for 1934 being only 4 per 1,000. To-day there have been returned to us 8 male and 11 females suffering from this disease, but only 4 males and 1 female are showing active signs thereof. The nursing of these patients on the male side under open-air conditions is satisfactory and we are glad to hear that Dr. Hayes is considering how best he may improve the conditions in this respect on the female side of the hospital.

There were 34 male and 49 female patients in bed to-day. Apart from the admission hospital, where 4 and 5 respectively were found, there were 30 male and 44 females in bed, mainly in wards M6 (15) FA (11) and FB (12) which are the sick and infirm wards. Eleven of each sex are senile bed-ridden cases, 10 males and 25 females were under treatment for physical conditions, and 13 of each sex were in bed for mental reasons. At present 3 women are being nursed in the isolation hospital with mumps. Our observations and enquiries lead us to believe that the nursing care and attention that these sick patients receive is of a high order.

Since the last visit 25 male and 27 female patients have died, the causes of death being verified in 35 instances with the record of 2 patients having had bedsores at the time of death which, on enquiry, does not reflect adversely on the nursing staff. Amongst the causes of death heart disease and pneumonia claimed 19 and 14 respectively. One patient died from traumatic hæmoptysis as the result of swallowing a hair slide, but the Coroner's investigation could not decide whether this was a suicidal act, and an open verdict was returned.

Non-fatal accidents have occurred to 5 women—1 was a spontaneous fracture due to malignant deposit in the right humerus, 3 occurred in elderly women from accidental falls—all fractures of the femur—and the other was a young woman who sustained a fracture of the left wrist when she fell in the lavatory.

The activity of the pathological laboratory has already been referred to—it only remains to mention that investigation is being carried out to ascertain further knowledge regarding Huntington's Chorea.

The nursing staff appeared to be adequate both by day and night. Fifty-six per cent. of the male and 17·8 of the female nurses are certificated or registered.

Dr. Hayes has the assistance of Dr. J. Carse as Deputy Medical Superintendent and Dr. F. A. Frank as Assistant Medical Officer. Dr. S. L. Last has been appointed in place of Dr. H. Reed, and will take up his duties on the 23rd of this month. On his arrival the proportion of medical officers to patients will be 1 to approximately 340, a somewhat higher proportion of patients than we are accustomed to find.

In conclusion we should like to congratulate the Committee and Dr. Hayes and his medical staff on the efficient and progressive manner in which this hospital is being administered.

NORTHUMBERLAND MENTAL HOSPITAL.

November 6th, 1936.

To-day we have paid the annual visit to this hospital on behalf of our Board.

We found 909 patients in residence (510 M and 399 F), of whom 4 were on a voluntary basis (3 M and 1 F), 2 females as temporary patients, and 903 under certificate (507 M and 396 F), whilst 2 (1 M and 1 F) were absent on long leave or trial, making a total of 911 on the statutory books.

Since January 1st this year 51 patients have been discharged as recovered, of whom 7 had been voluntary, 2 temporary and 42 certified.

Those in residence include private (including service and ex-service patients) 39, service and ex-service patients 31, and out-county patients 33, viz., West Hartlepool 29, Newcastle-on-Tyne 1, Surrey 2, and Liverpool City 1.

We were pleased to see by the returns that during 1935 there were 16 voluntary patients admitted which showed a considerable increase in the number for the previous year, but the number for temporary patients was the same. We hope that still more advantage will be taken of the Mental Treatment Act.

From the return supplied to us there is a deficiency in accommodation for 17 males and 43 females by day, and for 1 female by night, and an excess of 32 males by night. This overcrowding by day makes classification very difficult, e.g., in 1 ward, the male admission, we found mental defectives, senile cases, voluntary and tubercular patients. We believe we have seen all the patients and spoken to many, and gave an opportunity to all who wished to speak to us to do so. We had no complaints except regarding detention. Two private interviews were granted. The patients were quiet and orderly, well dressed and for the most part healthy in appearance.

The wards were in good order, and we were particularly pleased to see the nice plants and flowers in all the wards and corridors.

Parole beyond the estate is allowed to 107 men and within the estate to 9 men and 41 women. The open door principle applies to 2 male villas to the grounds and 1 female ward to the ward garden. Several patients stated how much they appreciated this privilege. Since last visit plate heaters have been supplied to some of the wards, and from what we saw these appear very efficient. New ventilators have been added to male 1 and 2 and female 2 and 3 wards and are a great improvement. New piggeries have also been built. A hot water supply and radiator have been installed in the post-mortem room which fulfil a long felt want. The viewing room has also been redecorated. Alterations in the kitchen, new flooring, fireplace and sinks are under consideration, and we hope will soon be taken in hand.

In our round we noticed that the verandah to the female admission ward was not made use of, and were told that this was owing to lack of staff, we understand the difficulties but hope some attempt will be made to use this space. The carpentry work we considered very good and the patients were very interested in it.

Some of the sedentary patients with poor circulation in the airing courts we noticed had cold hands, and we should like to suggest that they should be supplied with gloves, the number necessary would not be large. The clothing and underclothing of the patients has been modernized. The women were wearing a nice variety in overalls, but we think that the women's stockings might be in other colours than black. We were glad to hear that patients were encouraged to wear their own clothes, which adds to their self-respect.

The laundry was in excellent order, and the precautions taken in the foul laundry are very satisfactory.

The doors to the w.c. compartments in male ward 7 are full doors and do not allow of satisfactory ventilation, we should like to suggest that half doors be fitted.

The supply of papers in the wards we think satisfactory. The library arrangements are good and well supervised, but we hope the stock of books will be kept up as well as increased. We noticed the large number of patients reading in the wards as we went round.

Amongst the male patients, billiards appears to be a very favourite game, they have 5 full-sized tables, and it was interesting to hear how keen the various players were in the tournaments which are periodically held.

The cinema is held fortnightly and is very popular, but before long the Committee will have to consider the installation of a "talkie" to replace the present silent one.

Dances are held on alternate weeks with the cinema, and are well attended.

The present nursing staff is as follows :—

							Male.	Female.	Total.
Charge	...	...	...	...	...	...	9	8	17
Ordinary	...	...	...	...	...	...	60	51	111
Night	...	...	...	...	...	...	12	12	24
Certificated or registered as Mental Nurses	...					...	63	32	95
Passed preliminary only	...	...	...	...	...	...	10	17	27

The weekly maintenance charge per head for home patients is 19s. 3d. and for private patients 33s. 3d. The average weekly cost as last ascertained was 19s. 0.98d.

Occupational therapy for male patients is carried on much as described at last visit. Female patients follow a range of occupations including scarf weaving, flower making, knitting and embroidery. There is no doubt most of the patients enjoy this work and some are reported to have improved since they took it up. There is, however, scope for considerable increase in these occupations which to-day employed only 11 male and 12 female patients. We have in mind not the diversion to this work of patients who would in any case be usefully employed elsewhere in the hospital, but the development of occupations to interest those who are now idle, apathetic and destructive,

and the teaching of the staff so that handicrafts may be carried on in the wards also. We were glad to learn that a class for physical drill for women has been organized.

The mortality rate for 1935 was 9·5 per cent., which is high in comparison with 6·8 for all mental hospitals in England and Wales.

Since last visit almost a year ago there have been 93 deaths. Post-mortem examinations were carried out in only 4 instances.

Tuberculosis was responsible for the deaths of 7 male and 4 female patients, there are now under treatment for this disease 5 male and 7 female patients. General paralysis caused the death of 4 male and 1 female patient. The other principal causes of death were maniacal and melancholic exhaustion 9, heart disease 31, senile decay 11 and organic brain disease 7.

The hospital has been fortunately free from epidemic illness since last visit, the only case under this heading being one of dysentery.

One patient of each sex suffered from fracture, one following an accidental fall and the other after being knocked down by another patient.

Those in bed were in our opinion carefully nursed, and the friendly and confident attitude of the majority of the patients towards those in charge of them was very satisfactory.

We have considered particularly the work carried out by the medical officers. We were impressed by their thorough knowledge of their patients and their interest in all that concerned them. The conditions under which they work, however, appear to us to be such that they are unable to give the patients the standard of medical treatment which any properly organized mental hospital should provide. One medical officer has the care of just over 500, and the other of 400 patients. Each has in addition to dispense medicines and to carry out a considerable amount of clerical work, the greater part of the entering of the medical registers, the copying of reports on the physical and mental states of patients on admission, of medical statements written by the Medical Superintendent, and the provision of a number (7) copies of death certificates falls on their shoulders. An obvious instance of the failure to provide proper treatment is the lack of malaria therapy for those who suffer from general paralysis of the insane. For this the absence of laboratory facilities is mainly responsible, since blood examinations cannot be carried out; the need for a laboratory is evident in other directions and has been mentioned in previous reports.

The percentage of post-mortem examinations—under 5 per cent.—is also very low by comparison with other mental hospitals. We hope that steps will soon be taken to enable the medical staff to carry out their medical duties without the disabilities which have been mentioned.

We had the pleasure of meeting the dental surgeon, Mr. Herron, and were surprised to find that he had to bring his own instruments and apparatus; in our experience these are generally provided by the mental hospital.

We have to thank Dr. East and his medical staff for much assistance during our visit.

NOTTINGHAM COUNTY MENTAL HOSPITAL.

May 21st, 1936.

I have to-day completed the annual visit on behalf of my Board to this hospital which was commenced yesterday and I have been very pleased with the arrangements made for the care and attention to the patients and the generally quiet behaviour met with even in the most disturbed wards. One private interview was given to a voluntary patient and numerous other patients discussed imaginary grievances in connection with detention; in no case was it possible to recommend any action which would relieve their unfortunate delusional states.

Since the last visit a verandah to male ward 9 has been completed and the heating and domestic hot water supply at the isolation hospital has been

improved and extended. Buildings in progress include a male villa for 50 patients; the footings for this have just been excavated; an extension to the present sewing-room and a lavatory in the engine-house yard.

The figures supplied to me show that there are 357 male and 488 female patients in residence which, according to our calculations, gives an excess of patients over accommodation of 41 males and 52 females by day and 40 males and 44 females by night. A partial relief of this overcrowding by way of new building will be afforded when the male villa is opened: partial because although this will be a 50-bedded villa it will not be possible to equalize this relief over the whole of the male side of the hospital. Further relief for both sides will be afforded when the mental deficiency colony now under construction can provide for the 32 male and 36 female patients resident here who are considered by Dr. Waldo to be suitable to be dealt with under the Mental Deficiency Acts. The main relief will come with the erection of the admission hospital which I am glad to hear is having the Committee's consideration. This addition is badly needed not only on account of the overcrowding but also to afford a more appropriate place for the treatment of recoverable cases and voluntary patients than can be obtained in the present admission wards where so many different types are to be found.

Of the patients in residence to-day 7 males and 13 females are voluntary, 2 females are temporary and the remainder are certified cases. Twenty-three males and 7 females are private patients, including 21 service or ex-service patients; there are also 6 females chargeable to other authorities.

The weekly maintenance charge per head is 18s. 1d. for home and from 24s. 6d. to 42s. for private patients. The average weekly maintenance cost per head as last ascertained is 18s. 2·8d.

One male and 4 female wards are administered on the open door principle, but one of the female wards is only open to the ward garden.

Full parole is granted to 20 male and 3 female patients, 54 men have estate parole and 113 women are allowed the freedom of restricted areas.

Examining the returns of direct admissions during 1935 which amounted to 189, I find that 41 or 28 per cent. came as voluntary patients, but only 3 were admitted as temporary patients. Both of these figures show an improvement on those for the previous year, and I have discussed with Dr. Waldo the possibility of still further use being made of the provisions of the Mental Treatment Act.

Occupation therapy is carried out in all the wards under the direction of the matron and the head male nurse. The matron has paid visits to other mental hospitals including Clifton, and has attended the short course organized by the Central Association for Mental Welfare, visiting The Royal Eastern Counties Certified Institution at Colchester, and the results of these visits are evident in the scope of employments in the types of patients employed and in the methods of approach to the more regressed. For the men in addition to the ward occupations there is a class in a room of the hospital where they make brushes, wool and coir mats, baskets and, just now, coat hangers for use in the hospital, also a stocking machine has been installed. Physical drill and exercises for both sexes is making great progress. There are two ex-army instructors on the staff and a female nurse in charge of this important adjunct to occupation therapy. I spent a considerable time this morning seeing performances by these patients who include all types and was not surprised though gratified to hear how great were the benefits derived. Everyone was provided with plimsols and nearly all with gymnasium costume. I was glad to see patients taking the place of the instructor while she retired to the ranks. Music from a piano is provided for the women and a percussion band of elderly women kept time with evident enjoyment to themselves. Further development of physical training will no doubt follow by force of example.

The bedroom and sitting-room formerly used by a medical officer has been converted into a library and canteen both in charge of a patient who

takes a great interest in the work. I have suggested that book binding should be reintroduced as a form of occupation.

During my tour of the wards and dormitories I have been impressed by the attention to details exhibited by the nursing staff and the intimate knowledge of their patients. Everywhere the comfort and convenience of the patients is evidently the primary consideration of all from the Medical Superintendent downwards and I was not surprised to receive expressions of appreciation in this respect.

I was glad to see that Dr. Waldo is endeavouring to do away with the use of chambers at night even in non-observation dormitories by erecting suitable annexes to the dormitories—only 4 wards now remain to be equipped.

Coat hangers are being supplied as fast as they can be made.

The clothing for the more responsible female patients is varied and becoming and individual sets of underclothing are being gradually introduced. The men's clothing is satisfactory though perhaps a greater neatness about the neck might be aimed at where possible.

The mortality rate for 1935 was 7.4 per cent.—8.1 for males and 6.8 for females—which is slightly higher than the average for our mental hospitals.

Since the last visit 74 patients have died, of whom 29 were over the age of 60. Post-mortem examinations were held in as many as 70 of these cases, and 1 bed sore existed at death in a very debilitated and degraded patient which I do not consider is any reflection on the nursing staff. Of the causes of death 15 were from tuberculosis, 9 were general paralytics, 5 epileptics, 9 heart disease, 12 from pneumonia mostly of the terminal type and 13 due to old age; the remainder call for no mention. There were no inquests.

Two cases of dysentery occurred in female patients last year and a case of acute diarrhoea, probably non-dysenteric, is under treatment in isolation. There have also been 5 cases of erysipelas and 4 of measles amongst the patients and 1 case of measles in a female nurse; 1 case of measles is still under treatment.

Tuberculosis under treatment to-day includes 10 male and 7 females who are being nursed under open-air conditions. The incidence of tuberculosis is high. This leads me to make an urgent plea for the installation of an X-ray plant to aid in the early diagnosis of this disease as well as for use in suspected fractures. Such a plant, I understand, will be provided in the admission hospital, and I suggest that if room can be found for it now it can later on be transferred to that building.

Four non-fatal accidents are recorded, all fractures and purely accidental except one, a man who banged his hand against the wall.

Considering the large senile population the general health is very good. Twenty-six male and 31 female patients were in bed to-day for physical reasons in which is included tuberculosis, G.P.I. and epilepsy; the remaining 15 male and 47 female patients in bed were either senile or there for mental reasons. The nursing arrangements are satisfactory under existing conditions of overcrowding.

The nursing staff consists of 45 male and 54 female nurses by day with 7 male and 10 female nurses by night. Thirty-eight male and 26 female nurses are certificated or registered in mental nursing and 5 and 6 respectively have passed the preliminary examination for the certificate.

Dr. Waldo has to assist him Dr. James Reid as Deputy Medical Superintendent. The post of A.M.O. vacated by Dr. Palmer will not be filled until next month, a locum tenens is acting in the meanwhile. The considerable advance in psychiatric treatment during the last 20 years has greatly increased the work of the medical staff and I feel sure that the Committee will appreciate the fact that at this hospital there are only 2 medical officers for 850 patients.

I am much obliged to Dr. Waldo and to Dr. Reid for their kind attention to me during my visit.

OXFORD COUNTY AND CITY MENTAL HOSPITAL.

February 28th, 1936.

Our visit to this hospital which has occupied the whole of yesterday and this morning has been a pleasant and interesting one. Dr. Good accompanied us throughout the whole of our tour.

There are to-day on the books of the hospital 832 patients, in the proportion of 307 men to 525 women. Two of the latter are at present on trial. Out-county patients number 232, chargeable to six different Authorities, and there are 20 service or ex-service patients. Voluntary patients at present in residence total 27, and there are 5 temporary patients. It will be noted from the above figures that almost exactly a quarter of the resident population consists of out-county patients.

From figures furnished to us by Dr. Good it appears that there are at present in the hospital 57 men and 73 women chargeable to Oxford County and City who are over 65 years of age, giving a percentage on the total resident population so chargeable of approximately 16. The percentage of the total direct admissions of persons over 65 admitted for the year ending December 16th, 1935, was males 25.6 and females 18.1. The corresponding percentages for the year 1932 were 14.05 for males and 16.8 for females. In these circumstances it is not extraordinary that we were struck by the small proportion of young patients.

During the year 1935 direct admissions numbered 164, of whom approximately 29 per cent. were received on a voluntary and 13 per cent. on a temporary basis. Thus no less than 42 per cent. of these direct admissions were received without certificate—a most encouraging figure. We note that about 84 per cent. of them were received direct from their own homes.

This hospital is handicapped to a certain extent by the age and original construction of its buildings, but one of us who visited here two years ago has been impressed by the success attending the efforts made in the interior to brighten the wards. Small tables for meals, the addition of a number of armchairs and the profusion of well made artificial flowers has done much in that direction. We were especially glad to see that progress has been made in reconstruction of the sanitary annexes on the male side, those belonging to wards B.3 and B.4 having been dealt with during the period under review, and also one annexe on the female side (A.3). We observe that alteration of the 3 remaining sanitary annexes on the male side (B.6, B.7 and B.8) figures amongst the work contemplated.

Other improvements executed since the last visit include the addition of a verandah with accommodation for 12 beds, to ward A.3 (female side), and the installation of a new mixer. The latter we are glad to hear will enable the institution to provide its own sausages, pork and beef.

Owing to the alteration of hours of duty an extension of the nurses' home has been found necessary, giving additional accommodation for 35 nurses. We went over the new building which appeared to provide very suitable accommodation and is expected to be out of the hands of the contractors next week. Advantage has been taken of this addition to re-organize the accommodation for female nurses generally and provide the sisters' with a separate portion to themselves.

The patients generally were cheerful and uncomplaining. We have little doubt that their contentment is in no small part due to the freedom from restriction which they enjoy, no less than 4 out of the 6 male wards and 7 out of the 9 female wards being open to both ward gardens and grounds. Twenty-four men and 34 women have in addition full parole. We received no complaint other than on the score of detention.

The wards generally were in good order and there appeared to be an ample supply of books, papers and periodicals. The tables were satisfactorily furnished for dinner, but we agreed with Dr. Good that the provision of facilities which would enable tea to be made in the better conducted wards and teapots to be used in them would be of advantage. We understand

that a glad-iron is being purchased for use in the laundry and venture to suggest that the addition of a steam-press, preferably in the tailors' shop, would be of benefit.

We were interested in the efforts which are being made to improve the women's underclothing and to approximate it more closely to that worn in every-day life. One ward has already been supplied with the new type of garments and the remaining stock necessary is on order. Dr. Good also explained to us a scheme which he hopes to bring into force during the present year which will enable all suitable patients to have clothing marked for their own personal use. Such patients are already allowed to choose the colour of their frocks for which they are fitted. It is pleasing to record that though all boots, except surgical and special ones, are bought, arrangements have been made whereby each patient is fitted and gets his own fitted pair back from the bootmaker's shop after repair.

The kitchen arrangements at this hospital are excellent; the provision of a hot and cold water basin in the lavatory adjoining this department is in hand. In the laundry we noted that the lids of the hydro-extractors were still without locking device to prevent their being opened while in motion. We saw few pot plants in the wards and wondered whether an addition to the range of greenhouses might not be desirable.

Occupation is organized on the wards on the female side, but very little is being done for the men. While we fully appreciate Dr. Good's attitude that most of his male patients are drawn from the rural areas where they are not accustomed to handicrafts we feel sure that there are many of the urban and not a few of the rural patients who would benefit by this form of employment as they are doing in other mental hospitals. A few women have physical exercises, but this form of activity as well as organized games on remedial lines is not well developed; we would like to see a much freer use made of each amongst both sexes.

We had a long conversation with Dr. Good about the clinics and the way they function which leaves no doubt in our minds that these clinics—in point of treatment the pioneers in this country—are providing for a large section of the mentally sick who, under other circumstances, would be mental hospital patients, and also that many children are likely to be saved from becoming psychotics in later life; thus we hope there will be a falling off in the admission rate during the period when these children become adults. The figures for 1935 are not yet available. In 1934, 111 new cases were seen, each at the Radcliffe, and the Child Guidance Clinic. A total of 227 patients in all were seen at the Radcliffe and 152 at the Children's Clinic, with 1,712 attendances at the former and 373 at the latter clinic. There are 2 social workers attached to these clinics.

Dr. Neuman, the pathologist, interested us in the research and new forms of treatment going on here. Results from the use of iodine in post-encephalitics seem to show improvement in cases of more recent date, and the vitamin treatment of many patients, including dementia præcox, has had excellent results. In connection with the latter treatment we were impressed by the carefully kept charts and records made by the nursing staff.

Very excellent and informative day and night ward reports are kept and case records in folder forms are very good even in the more chronic cases.

Thirty-one male and 17 female patients were confined to bed at the time of our visit. Nine of the former and 8 of the latter were suffering from some physical condition other than tuberculosis which claimed 7 and 2, respectively, out of the 13 male and 5 female patients suffering from this disease. The nursing arrangements appeared to be quite satisfactory, but we think that there is a need for more bed tables.

The mortality rate for 1935 was 9·4 per cent. for males and 7·3 per cent. for females, figures which appear to be rather higher than the average but accounted for by the large numbers dying at the age of 70 and over.

Forty-seven patients have died during the period covered by this entry, the cause of death being verified in 70 per cent. No bed sores existed.

The causes of death do not call for any comment. No inquests were held and there have been only three serious casualties, all women. Two were due to slipping on the floors of the wards, the other, an elderly woman, slipped off her chair.

A stray case of enteric occurred on the female side and terminated fatally.

In the laundry we found the process used in dealing with foul clothing was satisfactory and we ascertained that the disinfectant is kept in a locked cupboard.

Dr. Good, to whom we are very much obliged for the arrangements made during our visit, still has the assistance of Dr. S. M. Stewart and Dr. F. J. Napier.

SALOP MENTAL HOSPITAL.

February 14th, 1936.

My visit to this hospital, which started yesterday, has been completed to-day, and I believe I have seen all the patients in residence, 907 in number (396 men and 511 women). I have given three private interviews. Few complaints, except upon the score of detention, were made, and the patients appeared very quiet in manner and well-behaved, but it has been a matter of concern to find so few patients usefully occupied. Previous reports by my colleague have stressed the opening that exists in this hospital for the therapeutic use of occupations. It is true that in response to suggestions made in the past, an occupation class exists on the female side, numbering about 20, which is in the care of an occupation officer, who visits four times a week. Nothing is being done for the more lost type of patient, however, and the work is not really varied enough, and is in no sense widely spread through the female side. Nothing at all of the kind exists on the male side. The value of occupational treatment can be easily demonstrated by a visit to either of the two mental hospitals in an adjacent county. I have discussed this matter with Dr. Hughes, and I hope he will find it possible to pay a visit to one of these hospitals. If one or more members of the Visiting Committee could also pay such a visit, they would, I am sure, find it most interesting.

So far, no physical drill classes are held on either side of the hospital, and I have also discussed possibilities in this direction with Dr. Hughes.

Another matter to which I would draw the attention of the Committee is the fact that no out-patients clinic exists in connexion with the hospital. I understand that the provision of a clinic has been under discussion ever since the passing of the Mental Treatment Act five years ago. Every effort should be made to overcome the difficulties which are said to stand in the way of starting a clinic. I was glad to find that Dr. Hughes was in agreement with me as to the urgency of this question. The figures before me show what little advantage is being taken in Shropshire of the provisions of the Mental Treatment Act (1930). Of the patients at present in residence only 13 are voluntary patients and only 1 a temporary patient. During 1935, of the 144 direct admissions, 21 were on a voluntary and 4 were on a temporary basis. The provision of an out-patients clinic would have, I am sure, a marked effect upon these figures. I was very glad to hear of the appointment of Dr. Hughes as Honorary Consultant to the Royal Salop Hospital. I can only hope that this appointment may perhaps facilitate the opening of a clinic there.

There are to-day 81 private patients—44 men and 37 women, 30 of the former are in the service or ex-service class. The charge for these private patients is from 21s. to 23s. 6d. The maintenance charge for rate-aided patients is 15s. 9d., and the average weekly maintenance cost is 15s. 4d.

Fifty-six men and 6 women enjoy parole beyond the estate, and 14 men and 30 women have parole within the grounds.

Since last visit the 14 staff cottages which were under construction have been completed and are now in occupation. A new calender has been installed in the laundry and is proving its value. The addition of a steam trouser press, either there, or preferably in the tailor's shop, would be of much utility in improving the appearance of the male patients' clothing.

The wards generally were neat and tidy although somewhat bare of ornament. Male wards 6 and 7 and the isolation hospital have recently been redecorated and now look very nice. Many of the sanitary spurs on both sides of the hospital are in need of modernization. Sluice sinks should be provided in those wards which are without them. The present system in most of the ward annexes is that hot and cold water taps are situated over a hole in the floor, and that a bucket is placed beneath to intercept the water. The floors tend, in consequence, to be wet and messy and there is no proper provision for washing chambers and other utensils. In fact I saw chambers being washed in the lavatory basins of one ward.

Special brushes, if possible of a different colour, should be kept for washing the lavatory and water closet floors. I found the floor of one dormitory being washed with a lavatory brush yesterday, and Dr. Hughes has promised to go into the matter.

I have suggested to Dr. Hughes that during very cold weather, such as we are having at present, that in "Five-up" dormitory, where observation is kept at night, fires should be kept up all night in all fire places. This would be possible if proper fireguards were fitted to the two fireplaces not under direct observation. In F.7, where 53 feeble old women sleep, I feel there is need of a second nurse on night duty.

The present staff of nurses consists of 8 men and 12 women of charge rank, 41 men and 43 women ordinary nurses, and 8 men and 12 women on night duty. Twenty-eight men and 12 women are certificated or registered as mental nurses, and 3 men and 13 women have passed the preliminary examination.

The death rate of 1935 remains unchanged from that of 1934, namely, 8.4 per cent.

During the 13 months which have elapsed since the last visit, there have been 83 deaths—34 males and 49 females. In 35 cases the cause of death was verified by post-mortem examination. The chief causes of death were:—Senile decay 25, pneumonia 17, heart disease 15. In four cases inquests were held. A verdict of "Natural Causes" was returned in 2 cases, "Death from Misadventure" in a third where death followed a fracture sustained previous to admission, and in the fourth case the jury found that death was due to the impaction of a foreign body in the œsophagus. The patient was a rubbish eater, and a tight wad of paper was found in his œsophagus.

Tuberculosis was responsible for death in 3 men and 1 woman during 1935, and at the present time there are 9 patients, 8 men and 1 woman, under treatment for this disease. Very shortly it will be possible to nurse the male tubercular patients under ideal open-air conditions as the construction of a large verandah adjoining wards M.6 and M.7 is just completed.

During the period under review there has been 1 case of dysentery on the female side, but the hospital is now free from the disease. There have been two outbreaks of influenza, one in February, 1935, and another at the beginning of this year. Altogether, there have been 41 cases (21 males and 20 females) amongst the patients, and 7 amongst the male nursing staff. At the present time only 1 case—a male nurse—is under treatment.

There have been 7 cases of erysipelas (6 males and 1 female), and the disease persists in 2 of the male patients. At present there is 1 case of suspected mumps.

Serious but non-fatal casualties since the last visit number 3 in all on the male side. In 2 cases the fracture was due to accident, and in the third to violence on the part of another patient.

I paid particular attention to all those patients who were being nursed in bed, and I am satisfied that they were receiving most careful and kindly nursing attention. I was particularly struck by the care taken to prevent restless and feeble patients injuring themselves by falling out of bed. All patients whose condition necessitated their being nursed in side rooms on the floor were provided with two mattresses, and in several cases were also surrounded by other mattresses to prevent any possibility of injury. These precautions may account for the entire absence of fractures among the female patients during the past year.

SOMERSET AND BATH MENTAL HOSPITALS.—1. WELLS.

November 25th, 1936.

We have to-day paid the annual visit on behalf of our Board to this hospital, and we have found much to interest us.

While a good deal of redecoration is needed in the wards and day-rooms, we found them generally well-kept and in good order, and we were struck by the generous provision of flowers and pot plants, a matter calling for congratulation at this time of the year. In all the male wards and in 3 of the female, wireless sets are now installed, and in due course the remaining wards on the female side will also be equipped with sets. In female ward 2, another key for the second exit door should be provided.

In Hillside 9, new lavatory basins of a modern type have been fitted since the visit of our Colleagues last year in each dormitory, a most valuable and useful addition. Here also, exceptionally, the temperature was a comfortable one. In the rest of the Hospital the wards and day-rooms were decidedly cold, but we understand that a new heating installation is in contemplation.

We found the patients quiet and orderly, and except for appeals for liberty, we received very few complaints. We are satisfied in every case in which a complaint was made to us that it was without foundation.

The dietary here is now arranged on a three weekly basis, and it is varied and generous. We were particularly glad to hear that no less than 34,000 pints of dinner milk, extra to the usual dietary, have been supplied to patients since January 1st last. We do not, however, regard the current method of heating plates in the wards as satisfactory, and the provision of proper plate warmers would, we feel sure, be of great benefit to the patients.

There is a good canteen with a varied stock of articles most in demand, including cosmetics such as face creams and powders.

The kitchens and laundry are in good order, but in the latter are two old hydro-extractors of which the lids have no form of locking device at all. This should be remedied without delay.

There is a good supply of books in the wards, and these we were told are changed monthly. Many of them, however, are in a very dilapidated condition, and while there appear to be no patients now in residence who understand bookbinding, it should not be a difficult matter to train one or two of them to undertake this work.

There are no physical training classes at this hospital, and we are of opinion that arrangements should be made to start them. They have proved extremely beneficial in other hospitals, and there seems no reason why they should not prove so here.

The number of patients who enjoy parole are exceptionally high, as many as 28 women and 55 men enjoying full parole and 82 women and 186 men having parole within but not beyond the estate. These figures are a matter for congratulation, and we were glad to hear that in spite of the amount of liberty allowed, no unfortunate incidents have occurred.

There is one matter to which commendatory reference should properly have been made earlier in this entry, and that is the excellent arrangements for storing coats and clothing which have been made in several of the wards

on the female side. It is hoped in due course to have similar rooms and equipment in every ward in the hospital, and we feel sure that the expenditure involved will be more than recovered through the lessening of wear and tear of clothing which will result.

There were to-day 828 patients in residence in the hospital—350 males and 478 females, of these 10 men and 10 women are voluntary patients, while there are 4 female temporary patients. 71 patients, (5 M. and 66 F.) are out-county patients from 11 different Local Authorities' Areas.

During 1935, direct admissions were as follows :—

Voluntary.		Temporary.		Certified.		Total.	
M.	F.	M.	F.	M.	F.	M.	F.
9	17	4	8	77	81	90	106

There were 82 deaths during the same period (45 M. and 37 F.), and 109 discharged or departed (32 M. and 77 F.), of whom 13 M. and 40 F. were discharged as recovered.

Forty patients were allowed out on long leave or trial (6 M. and 34 F.). No money allowances were granted.

The nursing staff is :—

								Male.	Female.
Charge	...	...	...	...	...	...	...	7	9
Ordinary	...	...	...	...	...	...	...	40	56
Night	...	...	...	...	...	...	...	5	9

Twenty-nine male nurses and 11 female are certificated or registered as mental nurses, and 9 male and 13 female members of the nursing staff have passed the preliminary examination. The proportion of female certificated nurses is low, but a nurses' home is now in course of being built, and when this is completed a sister tutor will, we understand, be appointed.

A good deal of occupation therapy is practised, but in a hospital of this size most of the patients are employed in and about the institution, and necessarily there cannot be the same enthusiasm for handicraft work, etc., as obtains in many of the more progressive of the larger hospitals. A class of 37 women was in the recreation hall this morning engaged in mat-making and knitting, while some weaving and work of other kinds is done in the wards.

On the male side there is a good occupation building where mat-making, joinery work, wire net making, etc., is done. All the jig-saw puzzles, of which there is a generous supply throughout the hospital, are made here.

The general health of the patients has been good during the last year. The mortality rate for the year ending 1935 was 11·6 per cent. (13·9 M. and 10·1 F.), which is higher than the average (6·8 per cent.) for all the mental hospitals in England and Wales.

Since the last visit there have been 95 deaths (47 M. and 48 F.), and in 67 cases post-mortem examinations were held. The principal causes of death were :—heart disease 20, senile decay 17, organic brain disease 8 and dysentery 8. In the great majority of these cases the patients were senile and were over the age of 70.

At our last visit there were no cases of dysentery on the sick list, but since last year there have been 35 patients (25 M. and 10 F.) under treatment for this disease. On the female side there were 3 small outbreaks, in February 3 cases, in April 4 and in October 3 more cases, while on the male side there were 7 cases in November, 6 in December and 5 in January, with sporadic cases in February, March and April when the last case occurred.

We were glad to hear that there is reconstruction going on in male ward 3 where all cases of this disease, active and previously infected patients, will in future be segregated. By this means it may be possible to prevent further cases of this trouble which is undoubtedly very frequently due to infection from carriers. This ward has its own airing court. On the female side

ward 2 is where dysentery cases are segregated, but here we consider it absolutely necessary that a sluice room be provided where bed pans, etc., can be satisfactorily dealt with.

The patients in bed to-day (24 M. and 39 F.) showed evidence of careful nursing and kindly attention. New admissions have the Wasserman and Widal tests performed.

Since the last visit 1 inquest has been held and the particulars reported to our Board. There have been 3 serious accidents, a fracture, a dislocation and a scald, 1 due to 1 patient being knocked over by another. The other 2 were purely accidental in origin. All the cases were females.

We were glad to hear a pathological laboratory is nearly completed, as it is most essential in a hospital of this size. This new laboratory will necessitate the appointment of a laboratory attendant. In some diseases the laboratory tests have to be carried out without delay, and this is not possible when the material has to be sent away for examination.

Dr. McGarvey, the medical superintendent, and his medical staff conduct a weekly out-patient clinic at Bath, and fortnightly ones at Shepton Mallet and Weston-super-Mare, with good results which will undoubtedly improve as the clinics become better known and early cases come or are sent for advice by their doctors. Most of the voluntary patients reach the mental hospital *via* the clinics.

Dr. McGarvey in addition is at present giving lectures to the nurses at the Frome Public Assistance Institution regarding the nursing of the type of patient which is received there.

We should like to thank Dr. McGarvey and his staff for the assistance given to us to-day.

SOMERSET AND BATH MENTAL HOSPITALS.—2. COTFORD.

February 18th, 1936.

Paying the annual visit on behalf of our Board here to-day, we have been most favourably impressed by the progressive lines along which Dr. Graham is administering this hospital for the general welfare of the patients.

What was formerly the isolation hospital has been turned into a very comfortable parole villa for male patients and is now occupied by 25 men. Re-wiring of the hospital has been going on for some time and is now practically completed. The assistant medical officer's house is also completed.

A site has been chosen for the nurses' home. Contemplated improvements in the hospital are :—(1) Complete reorganization of the heating and hot water supply and (2) Reorganization of the sewage disposal system. A new foul-washer and 2 new hydro-extractors have been ordered for the laundry and a new drying-room is being erected.

The canteen—mentioned in the previous report—has proved a great success and is extremely popular with patients. So far sweets and cigarettes have been the chief articles for sale. It has been suggested that a wider range of stock would prove beneficial.

The day-rooms and dormitories were everywhere in good order and comfortably warm. It is obvious that some wards are in need of re-decoration but this is being postponed until after the alterations in connection with the heating and hot-water supply are completed.

The patients were well-behaved, orderly and free from complaints—except on the score of detention. The women were neatly dressed. We were pleased to see that all clothing and underclothing is being brought up-to-date and cut on modern patterns. A sewing-machine has been put in 1 female ward and the patients of the ward allowed to make their own frocks.

All the wards had a plentiful supply of books. There is now a central library where the patients go once a week and change their own books—a privilege, we feel sure, they greatly appreciate.

On the female side, some form of occupational treatment is carried out in every ward and there were comparatively few women idle. We would like to see this extended to the male side.

Apart from routine examinations, good work is done in the laboratory in the way of detailed investigations on all admissions. The laboratory is still just a part of the dispensary. We realize there is a great deal on hand here at present, but we hope as soon as opportunity permits that some room will be set aside and fitted as a pathological laboratory.

During 1935 there were :—

				Voluntary.		Temporary.		Certified.		Total.
				M.	F.	M.	F.	M.	F.	
Direct admissions...	...	...	...	13	17	1	1	57	65	154
Admitted on transfer	...	...	...	—	—	—	—	2	4	6
Departed or discharged	...	...	...	10	15	—	1	33	26	85
Of whom, recovered	...	...	...	4	5	—	—	29	20	58
Allowed out on long leave or trial	...	...	...	—	—	—	—	29	21	50
Died	...	...	...	1	—	—	—	26	24	51

We believe we have seen all the patients in residence to-day, have spoken to a great many and have given 5 interviews. The numbers at present on the statutory books are :—

							Male.	Female.	Total
Voluntary	...	...	...	...	...	...	8	9	17
Temporary	...	...	...	...	...	...	1	—	1
Certified	...	...	...	...	...	...	329	411	740

making a total of 758 patients. Of these 42 men and 40 women are classed as private patients, 30 men as service patients, and 14 are out-county patients. Two women are absent on trial, making the number in hospital to-day 756.

According to the figures submitted to us there is an excess of accommodation for males of 18 by day and 29 by night while there is a deficiency for females of 14 by day and 2 by night.

The weekly maintenance rate is 19s. 3d. for home patients and 26s. 3d. —29s. 9d. for private patients.

We should like to suggest that in the female epileptic ward (13) a few more chairs of the substantial deck-chair type should be provided. This type of chair we know to be useful with epileptic patients.

While heating arrangements are under consideration in the wards we hope the Committee will bear in mind the need for some simple type of plate-warmer. The practice at present is to wash plates in hot water. This must necessitate a vast amount of labour in wards with from 70 to 80 patients.

On the male side we saw a mental defective—aged 14—who, we think, should be transferred to a mental deficiency colony where he would be with boys of his own age instead of having, as at present, to mix with elderly men.

The general health of the patients since last visit has been very good. In March, 1935, there was a mild epidemic of influenza affecting 48 (M. 37, F. 11) and 2 of the female staff. We are pleased to note that there have been no cases of dysentery or enteric fever. There are 12 active cases of tuberculosis under treatment at present on up-to-date lines. The bed cases number 34 (M. 9, F. 25) and the great majority of these were in bed for medical reasons. They all showed evidence of careful nursing and kindly medical attention.

The mortality rate for the year ending December 31st, 1935, was 6·7 per cent. (M. 7·9, F. 5·7). Since last visit there have been 55 deaths and in 33 cases the diagnosis was verified by post-mortem examination. The

principal causes of death were pneumonia (17), senile decay (15), heart disease (5), cancer (1). Three inquests have been held. In 2 the verdict was death by misadventure whilst the third was due to natural causes.

Since last visit there have been 8 serious but not fatal casualties—all fractures—6 of them in women. All were accidentally sustained except 1—a fracture of the lower jaw—the cause of which is doubtful and might have occurred prior to admission.

Out-patients' clinics are held at Taunton and Yeovil by the medical staff and continue to make good progress.

Twenty-four men are allowed parole beyond the estate and 21 men and 17 women have parole within the grounds.

The present nursing staff consists of:—

					Male.	Female.	Total.
Charge nurses	...	...	...	...	9	8	17
Ordinary nurses	...	...	...	...	40	47	87
Night nurses	...	...	...	...	6	8	14
Certificated or registered	...	...	...	...	45	14	59
Passed preliminary examination	...	...	...	...	4	6	10

The Committee here are to be congratulated on the steady efforts they are making to modernize this hospital.

Dr. Graham kindly accompanied us on our visit and we have to thank him for much assistance.

STAFFORDSHIRE MENTAL HOSPITALS.—1. STAFFORD.

June 26th, 1936.

The main item of interest since this hospital was visited on behalf of our Board in March of last year has been the occupation of the convalescent villas by patients. On inspecting them yesterday we found them nicely furnished and well provided in every way. It is pleasing to think that the hospital is now excellently equipped with modern buildings and facilities for the reception and treatment of recent cases of mental disorder. The gardens of the admission hospital and convalescent villas have been well laid out, entirely with patients' labour, and excellent progress has been made with the lawns, the one in front of the admission hospital being already in use as a bowling green.

To-day there are on the statutory books of the hospital the names of 510 men and 611 women. Only 1 patient is at present on trial so that the total number in residence is 1,120. Voluntary patients number 9 and there is 1 temporary patient. One man and 2 women are in residence as private patients. The opening of the convalescent villas has reduced overcrowding to some extent and there is now vacant day space on the male side for 22 patients. On the female side, however, there is still a deficiency of accommodation—12 places by day and 17 by night.

The percentage of direct admissions received as voluntary patients during the year 1935 was just over 12, showing a slight reduction on last year's figure (13 per cent.). Temporary patients received during the year numbered 8, giving a percentage of just over 3. This latter figure is somewhat disappointing and we cannot but feel that further effort should be made to familiarize the local practitioners and relieving officers with the procedure in regard to temporary patients and overcome any practical difficulties in the way. It is to be noted that although the majority of patients received in 1935 did not come direct from their own homes—about 42 per cent. were in fact received thence—no voluntary or temporary patient was admitted during the year from public assistance institutions.

The fabric of the hospital is well maintained and generally the wards were in good decorative state. Female wards 9 and 10 are at present in

the hands of the painters. The day-rooms and galleries were well supplied with plants and flowers, and we were glad to see that the supply of easy chairs had been augmented in the women's wards since one of us last visited. There is no librarian, the books being kept in the stores and changed on requisition from the matron or chief male nurse after consultation with the charge nurses of the wards. If room could be found, it would, in our view, be desirable to form a central library and to put the organization of it into the hands of the chaplain, or some equally responsible officer.

While going round the hospital we spoke with many of the patients and found them generally contented and without complaints. We are sure that they receive kindly treatment and that their welfare is never lost sight of. No private interviews were asked for.

Dr. Shaw was unfortunately absent during our visit, otherwise we should have liked to discuss the question of occupations for the patients with him. It seemed to us that while a good deal of effort is made to interest and occupy the patients in the admission hospital and convalescent villas, little or no attempt is made to provide occupations for the more chronic and introverted type of patient. From what we have seen elsewhere we are convinced that much can be done to improve the conduct and general behaviour of the latter by occupational treatment, with resulting benefit to the general atmosphere of the hospital.

We gathered that a large proportion of the women's dresses are now being bought. Formerly most of them were cut out in the sewing-room and finished in the wards, but the tendency now appears to be in the direction of cutting down the sewing-room staff. We regard all forms of occupation, including work in the sewing-room, as being of definite therapeutic value, and it is from this angle rather than from the economic one that we think the matter should be viewed. There are many hospitals in this country where excellent clothing for the women is produced in tasteful variety, and we could not help wondering whether it might not be possible to construct a sewing-room of suitable proportions and organize the work there, including the making of dresses under an experienced sewing mistress instead of buying an increasing number of garments and doing away with such a suitable occupation for a considerable number of women.

Another point we should have liked to discuss is the provision of a canteen. We understand that this is considered undesirable on the ground that patients like to do their shopping on "shopping walks" and that it would be unfair to the local shopkeepers. Frankly we do not attach much importance to either of these arguments, which have, in the past, been put before us at visits to other hospitals. We can only say that, in every case where such hospitals have subsequently established a canteen, the benefit to the patients and to the hospital generally has been found and admitted greatly to outweigh the disadvantages originally alleged to exist.

The Miscellaneous Returns for 1935 show that the proportions of certificated nurses are somewhat low, especially of female nurses. The mean figure for all mental hospitals in England and Wales is at least 31 per cent. for female nurses, whereas at this hospital only 16 per cent. are certificated. We recognize that in some areas exceptional difficulty is experienced in securing young women who are suitable for the highly-skilled profession of mental nursing and in retaining their services for a number of years. At hospitals where a sister tutor has been appointed the proportion of certificated female nurses has steadily increased.

The nurses' classes are held in the recreation hall, which must make it difficult to organize the work properly. It would be preferable if one or more rooms were allotted entirely for this purpose, and we hope that the Committee will soon provide better facilities for this important aspect of the hospital's activities.

Inquiring into the night-nursing arrangements we found that, on the male side, there are 11 nurses detailed for night duty, of whom 9 are on duty 4 nights a week and 10 for 3 nights a week. The night staff on the female side has a complement of 15, of whom 10 are ordinarily on duty. There is no night superintendent on either side. In ordinary circumstances there is only 1 night nurse on either side of the admission hospital, and this nurse visits the respective convalescent villa two-hourly. We should have liked to have discussed the desirability of ensuring continuous supervision in the admission hospital by night with Dr. Shaw.

The mortality rate for 1935 was 9·6 per cent., as compared with a mean rate of 6·8 per cent. for all County and County Borough Mental Hospitals in this country. Post-mortem examinations were made in approximately 53 per cent. cases. Amongst the causes of death in the statistics relative to the last fifteen months heart disease (28), senile decay (28) and tuberculosis (20) figure most prominently. The incidence of tuberculosis at this hospital appears exceptionally high, but the ratio of the number of notified cases to that of deaths during the last year is practically the same as the ratio for all other mental hospitals. By careful supervision the disease is diagnosed during the early stages, and we were favourably impressed by the skilled medical and nursing attention given to these patients. Seven tubercular cases (males 5, females 2) were being nursed in bed on the verandahs. The total number of bed patients at the time of our visit was 82 (males 26, females 56).

During the period under review an inquest was held on one case only, the verdict returned being that the patient had died of gangrene of the lung supervening on bronchial pneumonia, and that death was accelerated by a fracture of the leg sustained accidentally three weeks previously.

Six patients have sustained serious but non-fatal casualties. Four of these had fractures of the leg, two being caused accidentally and two through altercations with other patients.

We were much interested in the modern equipment at the treatment centre. An apparatus for induction therapy deserves special mention. The ease and safety with which it can be applied, and its efficacy in inducing high pyrexia, makes it a most valuable apparatus for the treatment of certain rheumatic conditions. It is also proposed to use it in the treatment of patients suffering from general paralysis and of a few selected cases of confusional insanity.

The medical superintendent has the assistance of three medical officers, that is 1 to about 370 patients. This number is high, but its significance can only be appreciated by considering the diversity of the duties of the medical staff and the assistance they receive in the various aspects of their work. The admission hospital and convalescent villas require the equivalent of one medical officer whole-time. As there is no dispenser the duties of this officer are done by the doctors. The fact that no sister tutor has been appointed necessitates more time being devoted by the medical officers to the preparation of nurses for their examinations. At many hospitals the medical staff have the assistance of a social worker in obtaining full information relating to the history of the patients and in keeping in touch with the relatives, but these by no means unimportant aspects of the work the doctors at this hospital have to attempt to deal with unaided. Then again, whilst it is gratifying that the Medical Superintendent has himself undertaken the work at the two out-patient clinics, his absence from the hospital for at least one half-day each week involves the delegation of some of his duties to the medical officers. When all these facts are borne in mind it appears to us that there is a strong case for the appointment of additional officers who will undertake one or more of these aspects of the medical officers' work.

STAFFORDSHIRE COUNTY MENTAL HOSPITALS.—2. BURNTWOOD.

December 4th, 1936.

The outstanding event in the history of this hospital in 1936 will be the opening of the Admission Hospital and Convalescent Villas on the 17th of this month. To-day, except for some of the furnishing and equipment, the buildings are ready for occupation, and it has been possible for us to appreciate how well adapted the new units are for the treatment of early cases of mental disorder and also for convalescence. The number of beds available will be 122: 25 in each of the convalescent villas and the remainder in the admission hospital. The problem of overcrowding unfortunately will not be solved by these additional beds for there is an excess of patients by day of 155 males and 169 females, and by night of 110 males and 73 females. Overcrowding will therefore doubtless continue to engage the anxious consideration of the Visiting Committee.

With the opening of the admission hospital, the improvement in facilities for early treatment should result in an increased admission of voluntary as opposed to certified patients, and the attendance at the three out-patients clinics which, we are glad to hear, are held each week at Burton-on-Trent, West Bromwich and Walsall, should go up in numbers. We feel sure that the work of the clinics would be greatly assisted by the appointment of a social worker, although at the present time Dr. Reid does obtain valuable assistance with regard to some of the out-patients from the Staffordshire Association for Mental Welfare.

The present figures for voluntary and temporary patients cannot be considered satisfactory; out of a total of 1,099 patients in residence—514 men and 585 women—only 10 men and 14 women are on a voluntary basis; only 5 women are temporary patients, and the remainder, 504 men and 566 women, are under certificates. We hope every effort will be made to encourage the working of Section 5 of the Mental Treatment Act in the area served by the hospital. The relieving officers in the district, and particularly in Walsall, whence, we gather, no temporary patient has ever been admitted, should be invited to co-operate in the proper working of the Act.

One member of each sex is at present out on long leave or trial. The total number of patients upon the statutory books is therefore 1,101. Fifty-three service or ex-service patients rank as private patients, and the weekly maintenance charge for these patients is 42s. as opposed to the charge of 19s. 3d. per week for rate-aided patients. The weekly maintenance cost is 20/7·7.

In our tour of the wards, we believe we have seen all the patients in residence. Many spoke to us with appreciation of the consideration with which they are treated by the medical and nursing staffs. Few complaints were made and none had any substance. The wards generally were remarkably quiet and orderly. Four patients asked for private interviews. In one case we think that the female patient concerned might be considered for prolonged leave on trial.

A very long list of improvements, alterations and repainting work has been carried out in the hospital since our colleagues last visited. The modernization of wash-rooms and ward kitchens has been continued throughout the year. The improvements have included white tiled walls and the provision of gas-heaters and steam-heated plate warmers in the kitchens. The wash-rooms adjoining the dormitories on the upper floors will, we hope, also be modernized in the future. The heating of various wards and dormitories on both sides has been improved and redecorations have been carried out extensively on the female side, and the repainting of the large dormitories on the top floor of the male side is now almost complete. We are glad to hear that the male wards will be the next work to be done by the painters. Many of these wards are greatly in need of repainting.

On both sides we have felt the need of extra electric lighting in the day-rooms, particularly in those where patients are engaged in handwork. Some improvement of the indirect lighting of the side rooms also seems indicated.

The installation of a talking film apparatus in February last is another improvement to the amenities of the hospital since the last visit.

We have been much pleased by the general excellence of the arrangements for the comfort and recreation of the female patients. In spite of the difficulties created by the grave overcrowding, the female wards were neat and tidy as well as bright and cheerful. Their comfort has been increased by the addition of a large number of new armchairs. Plants, and even flowers, although it is a difficult time of the year for the latter, were numerous.

In comparison the male wards seemed somewhat dull and cheerless. The need for redecoration of these wards is only partially responsible for this. The entire lack of plants and flowers should, we feel, be remedied, and we hope the introduction of more comfortable chairs will be considered. The bagatelle tables are, we understand, to be repaired and recovered. The keeping tidy of the ward storerooms should receive attention on the male side. We were not altogether satisfied that each male patient has a clean pair of socks each week—inspection of the laundry books supported our doubt.

Both sides of the hospital are well provided with books and periodicals as well as daily papers. We were glad to hear that the day-room off a ward on each side is used as a club room where selected patients are allowed to sit up until 9 p.m.

We should like to suggest that patients in the new admission hospital and convalescent villas should be provided from the start with individual underclothing. This idea has now been introduced with regard to similar units in a number of hospitals and has been found most successful. The marking of the garments can easily be done by a marking machine or by an addition to an ordinary sewing machine.

Yesterday we were present at a display of folk dancing by some 30 female patients in the entertainment hall. This movement is a new one. It is popular with the patients and has already had valuable results. It could be developed by the formation of other classes both on the female and also on the male side with benefit. We should also like to suggest the introduction of 10 minutes' daily drill for the younger patients of both sexes.

Drill and folk dancing are closely connected with the whole question of occupational therapy. We visited with interest the occupation rooms on the female side. There are two groups, one numbering between 30 and 40 and the other between 15 and 20. The patients are mainly recoverable types, and they benefit considerably from the interest aroused by the varied handicrafts they carry on. Unfortunately, so far, occupations for patients of the more protracted and deteriorating types have not yet been started. On the male side occupational therapy can scarcely be said to have commenced, although we did see a group of 6 engaged upon fretsaw work, coir mat making and painting. We appreciate that large numbers of men go out on working parties in the grounds and that many follow the usual institutional occupations, but there are a large number of others who do no work at all, and it is this group about whom we are particularly concerned.

The present staff of nurses consists of 8 men, 9 women of charge rank, 61 male and 71 female ordinary nurses, and 7 men and 9 women nurses on night duty. Fifty-four males and 29 females are certificated or registered as mental nurses, and 9 males and 19 females have passed the preliminary examination.

During the year 1935 the mortality rate for the sexes combined was 8.2 per cent., and since the last visit in November, 1935, the number of deaths has been 93, of whom 47 were female patients and 46 were male. Post-mortem examinations were made on 71 of these cases.

Of the causes of death, heart disease—from which 19 males died out of a total of 22—was the commonest, to which also may be added 10 cases of arterio-sclerosis. Of 9 deaths due to pneumonia and bronchitis, 5 and 3 respectively were of female patients.

We visited the mortuary and we are sure that the structural alterations being effected will result in much improved facilities for post-mortem examination. For relatives, who are paying their last respects to the departed, there will be available a viewing-room detached from the cold atmosphere of a mortuary.

Apart from 10 cases of influenza and 3 of erysipelas, there has been no outbreak of infectious disease. At the moment there are only 4 cases recognized as suffering from active tuberculosis, although during the period under review 4 men and 5 women died from this disease.

The small number of serious accidents involving fracture of the limbs is also notable; it amounts to 3 only. In one of these cases, that of an epileptic, death followed in about a month's time. At the subsequent inquest the verdict recorded was that "Death was accelerated by fracture of the leg." In the two other inquests in the period death was found to have followed an attempt at suicide previous to admission.

In the laboratory we were informed of the routine examinations made in the case of patients or of special investigations in the examination of cows in the hospital's own herd. With the opening of the admission hospital there will undoubtedly be a considerable increase in the activities of the laboratory. We think it appropriate to mention here the desirability of considering arrangements for longer dental sessions; the period of two hours once a fortnight is even now quite inadequate, in our opinion, for the purpose.

In the wards where we paid attention to the matter, we think the methods of keeping clinical records very satisfactory, and the instructions given to the nurses relating to the care of patients very full and clear.

If not attended by too great structural difficulties we would like consideration given to the possibility of putting a hand basin with running hot and cold water in a suitable position in each ward where patients are nursed in bed.

Dr. Reid continues to have Dr. Arthur Taylor as his deputy, and Drs. Mackenzie and Kirwan as assistant medical officers. Our thanks are due to him and to them for their helpful assistance.

STAFFORDSHIRE MENTAL HOSPITALS.—3. CHEDDLETON.

October 29th, 1936.

This hospital has sustained, during the past year, a great loss in the retirement, owing to ill-health, of its Superintendent, Dr. William Menzies, who had been in charge of the hospital since its foundation in 1899. He made the name of Cheddleton renowned throughout the country by reason of the high standard of treatment enjoyed by the patients under his care. Dr. Menzies was particularly associated with the efforts which have been made during the past 30 years to improve the standards of mental nursing. The excellence of the nursing at his own hospital, so generally recognized, was the result of his own keen interest. The high regard in which Dr. Menzies was held by his colleagues in the psychological world was shown by his election to the Presidency of the Royal Medico-Psychological Association in 1920. His versatility was remarkable. Rarely has anyone shown such outstanding capacity both as an administrator and as a pioneer in academic researches in his own scientific faculty. His stimulating personality has determined in no small measure the progress made during the past few decades in the treatment of mental patients not only at Cheddleton but in

the country at large. It is a matter of regret to us that Dr. Menzies retirement should have been due to illness. We hope, however, that a period of rest may so restore his constitution that he may long be spared to enjoy his well-earned leisure.

We feel it to be a matter of congratulation that this hospital has secured as its new Superintendent Dr. W. D. Wilkins, who was for long Dr. Menzies' Deputy. Dr. Wilkins, we feel sure, will maintain the high traditions of Cheddleton.

During our tour of the wards both yesterday and to-day we have been impressed by the large amount which is being done at the hospital to employ the patients in the wards and workshops, as well as to promote their recreational activities and this notwithstanding the very serious overcrowding which persists everywhere. We were particularly interested in M.10 which has recently been classified as the intermediate ward between the admission and convalescent wards. Here the patients are divided into three groups and the activity of each group is planned for practically the whole of each working day. The patients work up from the bottom to the top grade and then are moved on to the convalescent ward. A somewhat similar scheme is in operation on the female side. We feel that the experiment is likely to be a most valuable one and we wish it every success.

Although a new occupation pavilion is part of the new building scheme, the development of occupational treatment has not been held up until the building is ready, each day-room is gradually becoming a hive of industry with the result that patients here on the whole are far less apathetic than in some other hospitals we have visited, and take advantage of their leisure to enter keenly into the indoor and outdoor games which are so much encouraged. We have discussed with Dr. Wilkins the possibility of adding wireless to the other amenities of, at any rate, some of the wards, for our experience elsewhere leads us to believe that patients really do enjoy the radio programmes.

In those wards in which large numbers of defectives are housed regular classes are held and we are glad to hear that Miss Price, the occupational organizer for the Central Association for Mental Welfare, has visited twice during the past year for a fortnight on each occasion. She has given valuable advice for the improvement of the work carried on in these classes. We would like to suggest that some further apparatus such as a shute and a climbing frame should be supplied to this department. The wards generally are comfortably furnished and have a really homelike atmosphere. There are many plants and flowers and the supply of newspapers and books is good and we understand that a further purchase of books is contemplated. Perhaps a small annual sum could be expended in this way in future.

Many of the wards have not been redecorated since the hospital opened. The original colouring of the walls was somewhat sombre and has become darker with the passing years. An extensive scheme of redecoration in lighter colours would be of the greatest value. The sick wards on both sides together with their semi-padded rooms are perhaps the most urgently in need of repainting.

We were glad to find that hot water is gradually being laid on to all ward wash-rooms and we hope that the need for lavatory basins with hot and cold running water actually in the dormitories where sick patients are nursed in bed (which has been recognized in one or two wards) will be met. Another improvement which is gradually being made in the wards is the removal of the old-fashioned heating pipes in the middle of the rooms to the side. This will lead to a valuable increase in floor space.

We noticed when visiting the kitchen that a new mechanical mixer had been installed. It is proving its value. Food is taken from the kitchen to the wards in old-fashioned closed trolleys and the food placed in uncovered tins inside. In transit the meals must become very cold. Methods of

improving food transport might well be considered. We have suggested to Dr. Wilkins that a slicing machine in the kitchen for carving all roast joints would be of utility. We understand that lack of gas prevents the installation of a fish fryer, but when gas is brought to the new Admission Hospital it may be possible to review the situation.

The dietary which is arranged on a monthly basis in advance is an excellent one and much care is taken to indulge the individual tastes of the patients.

In the laundry we noticed that the amount of machinery used was less than is usually found in a hospital of this size. Some of it was of an old pattern, but at present we would only advocate the introduction of a steam press for the men's suits and a glad iron. It is a long time since we have seen so large a number of patients working in the laundry and this we regard as most gratifying.

We were present during part of the visiting hours in the entertainment hall yesterday afternoon. The arrangements were excellent and it was obvious that patients and their friends were really comfortable and were enjoying the refreshments provided. Recently a second visiting afternoon has been started and as it has been arranged for Sunday it will be a boon to friends who are unable to visit during the week. Later we returned to the hall and witnessed the talkie entertainment, which, although the acoustics are by no means perfect, was obviously the source of keen enjoyment.

We believe we have seen all the patients in residence and gave all those who desired to do so an opportunity of talking to us. Although no private interviews were asked for, many of the patients chatted freely with us. The numbers in residence were 1,237, 615 men and 622 women, in addition 42 women are boarded out under S26 at the Cannock P.A.I. and 1 man and 2 women are at present out on leave or on trial, giving a total on the statutory books of 1,282. Fifty-six men—50 in the service or ex-service group—and 14 women rank as private patients.

Sixty men and 52 women are voluntary and 6 men and 8 women are temporary patients. Since the beginning of 1936, 66 voluntary and 42 temporary patients have been admitted, the total admissions for that period being 250. These figures must be considered very satisfactory, although we believe that in course of time voluntary admissions will tend still further to increase.

Overcrowding still presents a very serious problem. Allowing for the 42 beds at Cannock the women are still overcrowded by 109 by day and 69 by night, whilst overcrowding on the male side is 106 by day and 63 by night.

We visited the site of the new admission hospital and convalescent villas, which will of course in time diminish the crowded condition of the present wards. The building of the hospital is well advanced and the roof is on the major portion of it. It is hoped to complete the building by the end of 1937.

The weekly maintenance charge for rate-aided patients is 19/3 and for private patients 2 guineas. The average weekly maintenance cost is 21/2·4.

Fifty-five men and 47 women enjoy parole beyond the estate and 22 men and 1 woman within the grounds. Three wards on each side are administered on the open door principle.

The death-rate (5·9 per cent.) continues low. During the period under review 74 patients died and post-mortem examinations were made in as many as 67 cases. Eleven died of heart disease and the same number of senile decay, 8 of tuberculosis and 5 of general paralysis. An inquest was held in one case only, that of a patient who committed suicide whilst on leave.

Fourteen patients sustained fractures. The usual sex disparity is again evident, 9 being females and only 5 males. Eight of these patients sustained their injuries by falling accidentally, 4 during altercations with other patients, and in 3 cases the cause was not known. Several of these patients were receiving treatment at the time of our visit and we were much impressed

by the standard of the orthopædic treatment given here. The following quotation from Dr. Menzies' last annual report indicates the scope of this work. During the year "Mr. Mitchell Smith dealt with 102 orthopædic cases, including 8 fractures, 42 remoulding of limb deformities and 12 cutting operations. Two nurses from the orthopædic hospital attended weekly for plasterwork . . . 38 persons required to be X-rayed and 26 cases were supplied with various correction appliances."

At the time of our visit 120—that is approximately 10 per cent. of the total number of resident patients—were being nursed in bed. The nursing staff have to contend with many difficulties in nursing these patients, due chiefly to the scarcity of accommodation and to the fact that the wards were not specially designed for sick nursing. The clinical notes of these patients are kept by the charge nurses, they are therefore readily available. We discussed with Dr. Wilkins and his medical colleagues the desirability of having individual folders for these notes and some simple method of filing them in the clinical rooms. This matter we were assured would receive further consideration.

With the exception of an influenza epidemic last January and February which affected 87 patients, the hospital has been comparatively free from infectious diseases. There have been, however, 9 cases (males 8, females 1) of dysentery (Flexner type) and in two cases the illness proved fatal. The thoroughness with which the bacteriological examinations, not only of recent cases but also of contacts, are made, gives every assurance that these figures represent the actual extent of the infection. The necessary precautions are taken by nurses when handling soiled linen in the wards and the methods of disinfection in the laundry are sound. At the time of our visit there was no active case of dysentery.

The miscellaneous returns for 1935 show that there were 177 nurses, 152 for day and 25 for night duties. The hospital has a good record of a high proportion of certificated nurses, those holding the R.M.P.A. certificate comprise 67 per cent. of the male and 39 per cent. of the female staff; whilst in addition 16 per cent. of the men and 11 per cent. of the women are registered by the General Nursing Council. We were much impressed by the keenness and general efficiency of the nursing staff and of the whole-hearted co-operation given by them in fostering occupations amongst the patients in the wards.

The Medical Superintendent has the assistance of Dr. Malloy (Deputy) and of Dr. Henderson and Dr. Wishart. We are grateful to Dr. Wilkins and his medical colleagues and officers for the kindness, courtesy and helpfulness we received during our visit.

EAST AND WEST SUFFOLK DISTRICT MENTAL HOSPITAL.

February 28th, 1936.

During our visit to this hospital yesterday and this morning, owing to the inclemency of the weather, the patients have been mainly indoors, save for those in bed on verandahs, but in spite of the overcrowding by 78 on the women's side there has been extraordinarily little noisiness. There is no overcrowding on the men's side by day but the shortage of bed space is 27 and on the women's side 49.

Throughout the hospital we found the rooms clean and comfortable and well supplied with indoor recreations, newspapers and periodicals: several wards contained canaries. The temperature of some of the men's day rooms was 70° but in contrast there were many patients in bed in draughty positions just below an open lower sash. Some radiators were so hot as to make some form of guard highly desirable in wards where epileptic patients live. Four wards on each side are open to the grounds; one of these, ward 20 for farm workers, is also open to the grounds. Eleven men enjoy the privilege of parole beyond the hospital estate and 39 within it.

Female ward 11 is at present evacuated for redecoration and accommodation in ward 20 has been temporarily appropriated for dormitory purposes.

Since the last visit the structural improvements that have been carried out include the installation of new plant for water softening and the tiling of the kitchen walls.

The hospital library is supplemented by a periodic issue from the County Library and in this way the choice of books on special subjects by individual patients interested therein is facilitated.

A canteen adjoining the stores, is open for patients at certain hours several days a week, where tokens given for industry and good behaviour, are exchanged for goods.

The men's suits are of appropriate size and tidy appearance and the design of the women's frocks is in the main up to date : underclothing is also of a modern kind and those patients, who can appreciate the advantage, wear garments marked with their own names.

Although some of the vests are considered to contain little wool there has been much shrinkage. The newer issues of women's underwear are of a pattern which conforms with the lower cut necks of the newer styles in frocks.

We are glad to see that the new admissions on the women's side are received in two separate wards, the quiet and voluntary patients generally remaining in ward 7 which has a pleasant and secluded garden and the others going to ward 10.

The number of voluntary admissions has risen each year since 1933. Last year it was 29 or 16.5 per cent. of the total direct admissions : only 2 temporary patients were admitted in the year.

Yesterday the number of patients on the books was 1,145 and composed thus :—

							Male.	Female.	Total.
Voluntary	...	...	...	...	...	...	6	8	14
Certified	...	...	...	...	...	...	506	625	1,131

Outside this number 40 women are boarded out at Canterbury but of the 1,145, 34 patients of each sex are boarded out under section 26 of the Lunacy Act, 1890, at Kedington and 1 man and 27 women are away on long leave or trial, 22 of the women being in single care and visited from time to time by Dr. Brooks Keith.

The last ascertained weekly maintenance cost was 19s. 4.8d., the charge for home patients is 19s. 3d. and for private patients 35s.

A fresh list of menus is drawn up each week, it provides for a second course at dinner on 4 days, 2 being puddings, 1 fruit, and the other cheese. Brown bread is served on two days and, of late, English flour has been used exclusively. The beef and mutton are both Suffolk grown. The shippon is modern but the dairy arrangements might be improved, e.g. by the installation of a steam sterilizer for the utensils, the replacement of pail handles where these fall on the rim and the more frequent issue of clean overalls of a more ample pattern, with a cap, for the milkers.

The general health of the hospital has been good. The numbers of patients in bed yesterday were 50 men and 127 women. Many of these patients were senile infirm, comparatively few of them were suffering from acute mental or physical illness calling for treatment.

On examining the statistical returns of the number of patients on the books of the hospital we find that 15.6 per cent of the male and 20.8 per cent. of the female patients are over the age of 65 so that we were not surprised to find a higher percentage of women in bed.

Yesterday however we found no less than 22 per cent. of all the patients on the female side confined to bed and on enquiry we learned that many of them were there solely on account of defective habits.

The death rate for the year 1935 was 66 per thousand resident.

Since the last visit, about 10 months ago, 61 patients have died (30 men and 31 women), 42 post mortem examinations have been made. Heart disease has been responsible for 31 deaths, senile decay 8, and epilepsy 6. Five patients have died from tuberculosis whilst 8 are reported to be suffering from this disease at the present time.

Inquests were held on 3 cases : in 2 death was found to be due to natural causes and in the other to accidental asphyxia whilst partaking of food.

Two fractures occurred from accidental falls, both patients being women.

Apart from 3 cases of erysipelas, there has been no case of epidemic or zymotic disease since the last visit.

We were favourably impressed with the arrangements made for the nursing and comfort of the sick.

A good supply of comfortable bed jackets is knitted at the occupation centre. There was a shortage of bed tables in the men's infirmary ward. More brushes of a special pattern are needed in the men's sanitary annexes.

The value of occupational treatment for the newly admitted patients is fully realized in the hospital. In the occupation centres we also observed patients who for many years had been unemployed and deteriorating but have now shown considerable response to this form of treatment. It was of interest to note the realization on the part of the nurses of its value and we feel that the experience gained by their attendance at the classes in Woodbridge, promoted by the Education Authority, has been of definite advantage to both the patients and the hospital. We feel that the time has come, however, for some extension of the simpler forms of handwork to the wards for the benefit of patients whose mental state renders it necessary for them to remain in their wards, as well as of some of those confined to bed. In association, as a form of treatment, we were interested to see the class in physical drill ably conducted by one of the female nursing staff. This activity is at present confined to the women's side but we have little doubt that a similar class will be started on the men's side.

Useful work continues to be carried out in the out-patient clinics at Bury St. Edmund's and Lowestoft. During 1935, 56 patients came under treatment and many of these were later received in the hospital as voluntary patients.

The ward nursing staff consists of 72 men and 69 women of whom 7 of the former and 10 of the latter were on duty last night. Forty men and 24 women nurses are certificated, and 8 and 15 respectively have passed the preliminary examination.

We are glad to find that Dr. Crawford has returned to duty after his illness Dr. Brooks Keith has Dr. Paton as Deputy, and Dr. Wishart to assist him.

SURREY COUNTY MENTAL HOSPITALS.—1. BROOKWOOD.

August 7th, 1936.

Our visit to this hospital has occupied the whole of yesterday and to-day. Dr. Lowry was away on his annual holiday, but we were accompanied throughout by Dr. McCord.

The hospital is at present somewhat disorganized owing to work on the reconstruction of the kitchen. The rebuilding of the stores has been completed, giving well-planned and roomy accommodation, and good progress has been made with the provision of refrigerating, cold and milk rooms in the basement adjacent to the bakery. We understand that, when the reconstruction of the kitchen is finished, it is proposed to cease to use the present auxiliary kitchen in F.10 block and convert it into a lecture room.

We are glad to hear that a visiting room is being provided on each side of the hospital, fulfilling a long-needed want.

There are to-day on the books the names of 1,567 patients, in the proportion of 629 men to 938 women. Of these 1 man and 6 women are at present on trial, leaving 1,560 patients in residence, including 32 voluntary

patients and 1 temporary patient. Out-county patients number 14. Twenty female patients have been boarded out at Devon County Mental Hospital since last June.

Vacancies exist for 161 men by day and for 34 by night, while on the female side, if the 20 women return from Devon the prescribed accommodation would be fully occupied by day and there would be a deficiency of night space for 15 patients.

Direct admissions during 1935 totalled 309, of whom 56 (or 18.1 per cent.) were received as voluntary patients and 10 (or 3.2 per cent.) as temporary patients. Of the total direct admissions during that year just over 38 per cent. were received straight from their own homes.

According to the statistical returns furnished to us to-day only one temporary patient has been admitted during the course of the present year. Unless there are circumstances prevailing in this district which would render comparison with other areas misleading this figure cannot be regarded as other than most disappointing. We note further that only 26 patients have been admitted on a temporary basis since the Mental Treatment Act came into force. In all the circumstances we would urge that further measures should be taken to familiarize the general practitioners and relieving officers in the district with the procedure and the possibilities under Sec. 5 of that Act and, in this connection, would draw attention to Circular No. 805 which was issued by our Board in January, 1935.

We should like to have discussed the question of out-patient clinics with Dr. Lowry. We are informed that the only clinic conducted in connection with this hospital, which is held at the hospital itself, is poorly attended and that it is rare for more than one patient to be seen at a session.

Many useful alterations and additions have been made since our colleagues' visit in March, 1935, in addition to the main works of reconstruction mentioned above. These include a new semi-permanent building for use as an upholsterers' shop, improvement of the cloak-room facilities in female wards 1 and 4, the conversion of a woodshed into a brush-making room, and, amongst various other items, the provision of a nice type of locker in 3 of the female and 1 of the male wards. At present work is proceeding on alterations to the mortuary and viewing room and an occupation pavilion, with accommodation for about 50 female patients, is being erected.

The wards on both sides are nicely furnished, and the ward gardens on the male side were well kept and bright with flowers. In the older parts of the buildings cloak-room accommodation is poor, and we wondered in many cases—for example in F.10 B—whether it could not be reorganized to give both better storage accommodation and room for coat-hanging fittings. The need for a convenient supply of hot and cold water in the sick dormitories, mentioned by our colleagues last year, still exists, and we also endorse their remarks on the necessity for better facilities for cleansing utensils for sanitary, etc., purposes in many of the wards. We should like consideration given to the question of improving the bath and sanitary accommodation generally in the female infirmary (ward 9).

The patients appeared contented. No complaints save on the score of detention were made to us and no private interviews were asked for. The clothing generally seemed satisfactory. Special attention has been paid to the underclothing of the women and the garments of this nature now being issued are of modern and non-institutional type. All boots and shoes are made in the bootmakers' shop and fitted to the individual patient.

We were not altogether happy about the existing library arrangements. Owing to the reconstruction work new accommodation for the books will have to be found and we wondered whether advantage might not suitably be taken of this fact to reorganize the arrangements generally. In our view there is a general need for more books in the ward bookcases, our inquiries disclosing cases where patients who had read one book in the first few days after personally changing their books at the library could not find another

to their liking in the ward bookcase. Until recently the library arrangements have apparently been in the hands of one of the nursing staff who has now left, but we found it difficult to ascertain who was at present in charge of them. Would it not be possible to get the chaplain or some other officer to undertake the organization of the library? Such an arrangement works satisfactory in many hospitals, and frequently it is found that a patient or two take great interest in giving assistance in indexing and distributing the books.

Two daily newspapers formed the average issue to the male wards but, with one exception, the issue to the female wards is restricted to one paper. The supply to these latter wards might, with advantage we think, be increased. No evening or Sunday papers are provided.

Some progress appears to have been made during the period under review in the organization of occupational therapy, the range of hand-work available for the women having been extended and further occupations provided for the men. We were glad, in addition, to see a few of the more chronic and deteriorated patients engaged in one or two of the wards in simple occupations such as shredding and envelope making. We are sure, however, there is still a large number of patients unemployed who would benefit from the provision of graded work of simple type.

So far as we were able to ascertain no provision is made for gymnastic exercises or physical training on either side of the hospital. Our experience elsewhere leads us to believe that such activities are beneficial to the younger and introverted type of patient and we should be sorry to think that they are being dropped.

The patients are well catered for in the matter of indoor amusements, cinema shows, concerts, whist drives and dances forming a well-balanced and attractive programme during the winter. A considerable number of patients enjoy the privilege of sitting up after the normal bedtime hour.

The death-rate for 1935 was 6 per cent. (males 7 and females 5). Since the last visit there have been 143 deaths (males 56, females 87), followed in 58 cases by post-mortem examinations. The chief causes of death were pneumonia (39), senile decay (21), heart disease (19), and kidney disease (13). Five inquests have been held—4 in cases of patients dying shortly after sustaining fractures from accidental falls and 1 in the case of a patient who committed suicide by hanging. None of these five cases calls for comment.

Apart from an outbreak of a severe form of influenza affecting 44 patients in March and April of this year, the general health of the patients has been good. There have been no cases of enteric fever or dysentery. At present 4 men and 5 women are suffering from tuberculosis in active form and undergoing verandah treatment. At the time of our visit there were 43 men (i.e. 6.8 per cent. of the total resident) and 112 women (i.e. 12 per cent. of the total resident) in bed—the vast majority of the latter being bedridden on account of old age and debility.

During the period under consideration 22 fractures and 1 dislocation occurred among the patients. Of these 23 casualties 14 were due to accidental falls, 7 to patients being pushed down by other patients and 2 (minor fractures) to patients striking attendants. In 14 cases the age of the patient was over 50 years and in 9 cases over 60 years.

The nursing staff consists of 115 males and 147 female nurses, of whom 18 and 23 respectively are detailed for night duty. Just over 73 per cent. of the men and 19 per cent. of the women are certificated or registered as mental nurses. The latter figures are considerably below the average for all mental hospitals, but we note that in addition 33 of the remaining female nurses (i.e., 22 per cent. of the total) have passed the preliminary examination. We inquired into the night nursing arrangements, which appeared to be satisfactory and to afford adequate supervision.

Dr. Lowry is assisted by five medical officers. The only change in this respect since the last visit being the appointment of Dr. N. Langdon-Down in place of Dr. Hannesson.

SURREY COUNTY MENTAL HOSPITALS—2. NETHERNE.

August 25th, 1936.

We have spent the whole of yesterday and to-day in our inspection of this hospital, and, in general, have been very well satisfied with the condition in which we found it and with the care and attention bestowed upon the patients.

The buildings, apart from the need for ordinary re-decoration here and there—which will no doubt be executed in the usual routine—were in good order. No major works of improvement or alteration have been carried out since the last visit except the erection of 8 new staff cottages. We note amongst new work now in progress the provision of a hair carding machine and dust extractor.

There are at present on the books of the hospital 1,526 patients, in the proportion of 576 men to 950 women, 45 of the former and 33 of the latter being voluntary patients. Seventy men and 63 women are classed as private patients, of whom 40 males are service or ex-service patients. One man and 10 women being out on trial, the total in residence yesterday was 1,515.

The hospital is at present overcrowded to the extent of 60 women, both by day and night, but there are 14 vacancies on the male side. We hope that the arrangements in contemplation at Botley's Park and Clerks Croft will solve this problem of overcrowding at no distant date and also enable the children at the north villa and male ward 5 to be removed to care better suited to their needs. Here they receive kindly care and attention but lack the physical and mental training from which a certain proportion of them would benefit.

One of us who visited this hospital in 1934 has been able to appreciate with satisfaction the progress made during the interval with regard to voluntary and temporary admissions. During 1935 approximately 22 per cent. of the total direct admissions were received as voluntary patients, and nearly 10 per cent. as temporary patients. These figures are, we believe, a little over the average for the whole country and pay tribute to the efforts made by all concerned with the administration of the Mental Treatment Act in the area served by the hospital. With regard to temporary patients we note that 7, out of the total of 38 admitted in 1935, came direct to the hospital from their own homes, the remainder being admitted through the public assistance institutions. In this connection it is to be observed that while Epsom P.A.I. provided 22 temporary patients in 1935, Kingston furnished only 5.

It has been a great pleasure to us to observe the advance that has been made in the organisation of the occupational treatment since the hospital was visited by Commissioners in September of last year. Two rooms, formerly used as visiting rooms, have been taken over to form a male occupation centre and yesterday we found some 45 men engaged there in quite a good variety of useful and interesting crafts. On the female side there is a small occupation centre capable of holding about 18 patients. In addition, we saw quite a number of patients engaged in rugmaking and other occupations in the wards. The foregoing remarks indicate that a promising start has been made, on which Dr. Webber and his staff are to be congratulated, but much remains to be done. Two primary considerations appear to us to be of importance at this stage. The first is the appointment of an occupation officer on each side to develop the work in the centres, train the nurses and assist and supervise extension of the treatment to the wards on an organised basis. The second is the provision of further occupation centre accommodation in each division, without which we fear further progress will be difficult.

We should also like to see physical training developed to a greater extent than at present. We saw a male class of about 20 patients receiving training this morning, most of whom came from the admission hospital. The majority of them were wearing their ordinary clothes and we could not help feeling that gymnasium costume, which can be run up at very slight cost, would have

been of advantage. We would add that we have reason to believe from what we have seen elsewhere that the introverted type of patient is capable of receiving a measure of benefit from activities of this type.

The wards generally were nicely furnished and comfortable and we were glad to see that an excellent supply of flowers was in evidence in the more disturbed wards on the female side. Two very nice little gardens are entirely looked after by patients and staff of the female wards to which they belong.

We discussed with Dr. Webber the desirability of providing hot water taps in the wards—one is a villa—occupied by private patients. This seemed to us especially desirable in the case of the ladies' residence. Other points that struck us during our tour of the wards were the desirability of ventilating the toothbrush cupboards by means of holes bored in the woodwork and the provision of a fixed washbasin with hot and cold water in male ward 1.

Many of the suggestions made by our colleagues last year have received attention. Wireless, either by means of central installation or independent sets, is provided to every ward and individual marking has been inaugurated, commencing with the clothing of patients at the admission hospital.

So far as we could see, wherever it is reasonably possible, patients now have access to the sanitary annexes situated off the dormitories at night.

We found the patients generally very quiet and orderly in behaviour and uncomplaining. Although occupations have not yet been organized thoroughly in many wards it was interesting to hear from the nursing staff that much destructiveness and disorderly behaviour had been apparently checked by that form of treatment.

Much of the underclothing for both sexes provided by the hospital is old-fashioned in type and we wondered whether it would be possible to supply garments of a less institutional type, at all events, to the better conducted wards.

A good deal appears to have been done recently to encourage the younger male patients to take part in active games. Teams composed entirely of patients play cricket weekly and to-day a cricket match against Croydon Mental Hospital was taking place, both sides being mainly formed of patients. Such activities are, we believe, much appreciated by patients and we hope the programme may eventually include games of football for the men and suitable ball games for the younger women.

The patients appear to be well catered for by way of indoor amusements and we are glad to know that members of the medical staff take great interest in organising entertainments for them. Char-a-banc rides to Worthing in the hospital 'bus are a weekly pleasure to which many working patients look forward.

We were interested to hear that during the past few months a small party of local ladies has volunteered to visit patients on both sides of the hospital. This public spirited effort on their part appears to be meeting with the success which it undoubtedly deserves.

We were pleased to find that the library can now supply suitable and sufficient books, but we felt that a greater number of these might have been actually in issue to the wards. We thought also that an increase in the number of weekly periodicals and pictorials supplied to the wards would be of advantage. It would be possible to keep the whole of the library stock in good condition if book-binding was included in the organised occupations. In making the above comments we hope that we shall not be taken as criticizing unfavourably the work of the Chaplain who we know takes so keen an interest in the library arrangements.

The dietary, which is full and varied, is on a four-weekly rotation of menu. Home grown fruit is supplied when in season but we feel that provision might be made for the routine supply of fresh fruit, e.g. oranges or bananas at tea-time throughout the winter. On both days of our visit we watched a good and nicely served dinner being partaken of by the patients, none of whom had any complaints regarding their general dietary.

The death rate for the year ending December, 1935, was 6 per cent. (males 6.5, females 5.8). The number of deaths since the last visit has been 103 (males 43, females 60) followed in 67 cases by post mortem examination. The chief causes of death were :—Senility 19, heart disease 18, pneumonia 18, and organic brain disease 11. Three inquests were held—two in the case of patients who committed suicide while on leave away from the hospital, and one in the case of a patient who sustained injury a year prior to admission regarding which an open verdict in accordance with the medical evidence was returned.

The general health of the patients has been good. There has been an entire absence of epidemic or zymotic disease in the hospital. At present 5 patients (1 male and 4 females) are suffering from tuberculosis in active form and are receiving open-air verandah treatment.

At the time of our visit there were only 41 male and 78 female patients in bed, i.e. 7.3 per cent. of the total number in residence. The majority of these were bed-ridden on account of old age and debility. All were in receipt of skilled medical and nursing attention.

During the period under review there have been 16 serious but non-fatal casualties. All were in the nature of fractures and with one exception, due to accidental falls. The exception was a patient who jumped from a window and broke both wrists.

We discussed with Dr. Webber the work at the out-patient clinic at Kingston hospital. Forty-five new patients have made attendances since January 1st of this year and there appears to be no doubt that the work done is of considerable and increasing value.

We found an adequate nursing staff on duty during our visit to the wards and satisfied ourselves that the night-nursing arrangements were proper. Although no night superintendent has been appointed in either division, the arrangements for supervision seemed satisfactory.

There is an adequate staff of visiting specialists which now includes a radiologist.

EAST SUSSEX COUNTY MENTAL HOSPITAL.

November 10th, 1936.

We have this morning completed our visit to this hospital which we started yesterday and have given opportunities, we believe, to every patient to make any statements of grievances or complaints.

There are, according to the statistics placed before us, 1,308 patients on the statutory books; of these 7 patients under certificate are out on long leave or trial and 4 patients under certificate are boarded out which leaves 1,297 in residence. Of these there are 121 private patients (including service and ex-service patients), 32 service and ex-service patients and 270 out-county patients. The patients in residence consist of 500 men and 797 women, 36 and 67 respectively are here on a voluntary basis and 1 woman as a temporary patient.

There is here a school for the mental defective children consisting of one class composed of both sexes; this class is taken by an instructress who is responsible for some 24 pupils and we feel that if she was given assistance it would greatly add to the success of these attendances.

At present there are 4 out-patient clinics held at Hastings, Eastbourne, Hove and Lewes, and we are told that in March next year these clinics are to be taken over by Dr. Reid and his assistant medical officers; this should perfect the link which is so important between the hospital and its clinics.

In the course of our visit we discussed with Dr. Reid several matters in connection with the ablution rooms of the various wards and villas, including the admission hospital, and in some instances the laying on of hot water to the washing basins would greatly improve the patients' facilities for washing. The addition of the new sanitary block to B.1 ward is very much appreciated.

In the admission hospital, on the men's side, we noticed that one room has been re-papered, but in due course we understand redecorating will be continued; some of the furniture here needs renewing and the rooms more generally brightened by the addition of flowers or plants. The villas, on the other hand, are very well decorated, bright and well furnished.

In the central kitchens 5 new steamers have been installed while a canopy has been placed over the several circular boiling pans, two of which are to be replaced by new ones. The floors of the kitchen and scullery were holding water and new floors or reflooring by tiling are to be executed very shortly.

The occupations of the patients are many and varied, the amusements and recreations consist of "the talkies," dances, whist drives and social evenings once a week, while out of doors football is provided for the men, and hockey and netball for the women patients. We visited yesterday a social evening in the recreation hall where both sexes were either playing games or cards, knitting or doing some kind of handicraft: the chaplain who organizes these socials was present, and to-day we had an opportunity of discussing with him the reorganization of the library and supply of books to the wards which he has just undertaken. Both sexes enjoy parole within the estate, the men 3 days a week and the women likewise the other 3 days.

The canteen has now been entirely altered and has become a fine shopping centre both for men and women, while the hairdresser's shop, which now has a permanent attendant, adds greatly both to the amenities and tidiness of the patients as well as of great therapeutic value.

Occupation therapy classes are held both in the hospital and in the admission hospital; in the former two classes of 106 men and 153 women were being held at the same time in the recreation hall, and it was noticeable that a large number of the lower grade patients were present and suitably occupied; the female staff who have been trained in occupational therapy take the women while the male staff ably look after the men. In the admission hospital a class of both sexes was being taken by an occupation therapy officer. The community life of the two sexes has been wherever possible developed and extended most satisfactorily to the advantage of both patients and staff.

The present staff of nurses consists of :—

							Male.	Female.	Total.
Charge	...	...	...	...	...	...	10	14	24
Ordinary	...	...	...	...	...	...	57	83	140
Night	...	...	...	...	...	...	14	21	35
Women nurses employed on male side	...	...					—	6	6
Nurses certificated or registered as Mental nurses							60	44	104
Number who have passed preliminary examination only	...	...	...	...	...	...	7	20	27

The relationship between patients and staff is good and amongst the patients an atmosphere of contentedness prevailed, very few patients asking for their discharge and very few having any complaints. Last year a party of women patients were taken for a week's holiday by the seaside at Seaford; this was such a success it is hoped that the same experiment may be carried out with both sexes next year.

The mortality rate for the year 1935 was 6.1 per cent. Since the visit paid by 2 of our colleagues on September 24th, 1935, 138 patients have died, 45 males and 93 females. The commonest causes of death have been pneumonia 31 and heart disease 30.

Post-mortem examinations were made in 91 instances.

Three inquests were held—1 on a patient who died following an accidental fall, another on a female patient who died from injuries self-inflicted before admission and a third where a patient who died from perforation of the bowel caused by swallowing a tooth brush some years previously.

Seventeen patients, all of them females, have sustained fractures. Twelve of these injuries were due to accidental falls, the majority of them being in old patients; 3 were due to violence by patients and in 2 cases the cause was undiscovered.

We were interested to hear that there is under discussion the installation of an X-ray apparatus, as the rather large number of injuries during the past year are proof of the need for this aid to diagnosis. In addition, we are well aware of the increasing value of an X-ray plant in the diagnosis and treatment of various diseases.

The elimination treatment has been carried out on practically all new admissions during a period of 12 months. The results as were expected show this form of treatment is much more valuable in certain mental disorders than in others. The treatment will be continued in those cases where it is likely to prove beneficial. We have seen the statistics of results up to date and feel that an interesting investigation is being made and one that may prove to be of considerable value.

On enquiry we find that a number of doses of sedative drugs given during the past 2 years has been decreased to about one-third of the original number used. This has been made possible chiefly by the increased occupations afforded in the arts and crafts department.

In considering the general treatment of the patients, we paid particular attention to the dietary; we note this includes a plentiful supply of green vegetables, and that fresh fruit is provided twice weekly. The diet for the sick is good and suitable.

The general health of the patients has been very satisfactory. One case of enteric fever occurred on the male side but no fresh cases of dysentery are recorded. There have been 11 cases of erysipelas on the male side and 10 on the female side; we could find no reason to account for the rather unusually large incidence of this disease, though on the female side we found that one patient has been attacked on 5 occasions.

One male and 2 female patients have died from tuberculosis and at present 6 patients, all females, are reported to be suffering from this disease. Periodical tests for tuberculosis and contagious abortion are made on the cattle at the hospital farm and a tubercle-free herd is ultimately arrived at.

During our visit of yesterday and to-day we were escorted and assisted most kindly by Dr. Reid, Dr. Fenwick and Dr. Irvine.

WEST SUSSEX COUNTY MENTAL HOSPITAL.

November 12th, 1936.

To-day we have completed our visit started yesterday to this hospital and believe we have seen all the patients in residence, and can report that the hospital continues to be well maintained and administered for the welfare of those resident therein.

According to the statistics placed before us, there are on the statutory books, 1,062 patients of whom 433 are men and 629 women, all these patients, with the exception of 6 (out on long leave or trial) were in residence. Of the 1,056 patients in residence, 940 are under certificate (374 men and 566 women), 6 are temporary cases, all women, and 110 voluntary patients consisting of 55 men and 55 women. Included in the number of patients on the statutory books there are 147 private (including 30 service and ex-service patients), and 26 out-County patients.

Overcrowding in this hospital on the male side has again increased and is evidenced by the fact that there is a deficiency of accommodation for men of 70 by day and 40 by night. No patients have so far been boarded out and we discussed this question with Dr. Ainsworth together with the general classification of patients both in male and female wards. We found in several wards an occasional patient who on our entry became rather noisy, probably to the

detriment of the generally contented surroundings and peaceful atmosphere and we feel, if the classification will permit, some of these noisy patients might well be tried in another ward.

There are still in this hospital some mentally defective children consisting of 10 boys and 4 girls; at present they sleep in the sanatorium, part of which has been set aside for them. Dr. Ainsworth told us that it had not been found possible to transfer them elsewhere but we hope that in the near future it will be possible to find some accommodation for them apart from this hospital.

Since the last visit of our colleagues in September of last year, there has been an appointment of a social worker and many advantages have already been felt and it must be very beneficial to the patients and the staff in establishing more intimate relationships with the patients' homes; it is hoped in the future to be able to introduce the services of this social worker into the two out-patient clinics held at Worthing and Chichester.

All the wards in the hospital are very clean and well decorated and plentifully supplied with flowers; likewise in the Admission Hospital and other buildings. The process of electrical re-wiring, being carried out in many wards, still continues and several of the sanitary annexes which have porous floors are being tiled in due course which has and will greatly improve the conditions for patients and staff. The hot water laid on to the washing basins throughout is greatly appreciated by the patients who enjoy modern facilities with the exception in the case of one or two dormitories where sanitary annexes are not possible. The dress of both the men and women patients was neat, pleasing and satisfactory.

While visiting the laundry we noticed an iron stove against which a patient's dress might easily catch alight and a protecting rail should be added.

Many of the patients are employed throughout the hospital and its kitchens, laundry, etc., and we witnessed some very good results in making and repairing clothes in the women's workshop; the two days occupied by our visit consisted of very bad weather and so nearly all the patients had to be indoors. We discussed with Dr. Ainsworth the question of giving them occupations and feel that more organised occupations would be of great benefit. The patients have the talkies twice a week as well as dances, but a social evening held in the recreation hall where various games could be played would be of advantage. There are some classes of physical exercises held for the male patients while an occupation class is held daily for some of the women patients; development of these would be beneficial and the appointment of an occupation therapy officer or the training of more of the staff in arts and craftsmanship would facilitate the organization and extension of the patients' occupational activities.

The canteen, which is at present open on visiting days only and is situated in the recreation hall, provides tea and refreshment and we feel if a canteen consisting more of a shop or store could be established as a permanent and daily affair it would be a great addition and welcome adjunct to the many privileges enjoyed by the patients.

The nursing staff consists of:—

							Male.	Female.	Total.
Charge	...	...	...	...	...	...	13	14	27
Ordinary	...	...	...	...	...	...	52	53	105
Night	...	...	...	...	...	...	8	19	27
<i>Of the above:—</i>									
Nurses certificated or registered as mental nurses							55	23	78
Number who have passed preliminary examination only	...	...	...	...	...	...	6	21	27

The general health of the patients has been good. The mortality rate for the year 1935 was 7.3 per cent. Since the last visit 94 patients have died, 40 males and 54 females. Post-mortem examinations were made in 72 cases.

Inquests were held in the cases of 2 patients who committed suicide whilst on leave or trial and on 2 patients who died from natural causes. In one of the latter cases death was accelerated by accidental burns sustained before admission.

One case of enteric fever occurred in E.2 ward on the female side. The infection was believed to have been traceable to a patient of degenerated habits who had recently died. The case of enteric was isolated in a side room and the nursing arrangements to prevent the spread of infection appeared to be satisfactory. E.2 ward remains in quarantine at present.

Small outbreaks of scarlet fever (2 cases) and influenza (8 cases) have occurred amongst the patients whilst 1 member of the female staff contracted diphtheria at her home.

Heart disease has been returned as responsible for 48 deaths. Six patients have died from tuberculosis while 8 are reported to be suffering from various forms of this disease at the present time.

The list of serious but non-fatal injuries includes 7 cases of fracture, of which 4 were due to accidental falls, 2 to violence by other patients and 1 during physical exercises while kicking a ball.

One patient inflicted severe injuries upon her throat with a bread knife in the kitchen; she was a trusted patient considered to be well on the way to recovery from an attack of melancholia. Another patient drank a small quantity of carbolic from a bottle which she had snatched from a nurse's hands. Happily both these cases recovered.

Though the majority of new patients are admitted to the admission hospital, it appears that a certain number proceed directly to the main building; there is, in fact, on each side of the hospital a ward known as an admission ward. We consider that the admission of a very noisy patient or one with established degenerated habits to the admission hospital may be inadvisable but we think that the admission of any considerable percentage of new patients direct to the main building is open to criticism. We feel that it would be particularly unfortunate if an acute case requiring special observation was admitted to the main building on account of insufficient staff at the admission hospital.

The majority of the patients at the admission hospital are admitted on a voluntary footing frequently through the clinics at Chichester and Worthing.

We were informed that there is considerable difficulty in persuading some of these voluntary patients to occupy themselves. Believing as we do that occupational therapy has a very real value amongst the types of cases we saw, we hope that means will be found to establish it as part of the treatment at the admission hospital; we include in this therapy out-of-doors games and physical exercises.

The ordinary dietary of the hospital appears to be quite satisfactory. The meat served at dinner yesterday was of excellent quality; a good supply of fresh vegetables is maintained. We paid particular attention to the dietary for the sick which is well varied with suitable extras.

The nursing of the patients, both on the male and female sides of the hospital reflects credit on all concerned. We asked many questions of the nursing staff and we feel sure that they take a keen and intelligent interest in their duties.

The relationship between the patients and the staff is good and a general atmosphere of contentedness prevailed.

During our visit we were kindly assisted by Dr. Ainsworth and the Deputy Superintendent, Dr. Nix.

WARWICKSHIRE AND COVENTRY MENTAL HOSPITAL.

November 28th, 1936.

There have been many changes in the medical staff and alteration in the administration of this hospital, and we appreciate the many difficulties that must naturally flow from frequent changes. We would like to offer

our congratulations to all those newly appointed, together with our good wishes, as we feel sure from what we have seen at our visit here that the hospital will be well maintained for the benefit and welfare of the patients. The office of Medical Superintendent has been filled by the appointment of Dr. D. N. Parfitt; the recently created office of Clerk and Administrator is occupied by Mr. A. A. Pascoe. In addition to these appointments we wish to record that of Dr. S. A. MacKeith as Deputy Medical Superintendent and that of Mr. Howell Jones as Consultant Ophthalmic Surgeon. In a few weeks' time, Dr. R. S. Wilson and Dr. W. S. Gilman will join the medical staff as assistants.

According to the statistics placed before us there are 1,374 patients on the statutory books, of whom 563 are men and 811 women; 530 and 767 respectively are under certificate. Of the remaining patients there are 57 here on a voluntary basis and 20 as temporary cases.

Included among those on the books there are 109 private patients (including 39 service and ex-service patients), and 7 out-county patients.

Twenty-three patients are out on long leave or trial and 32 patients are boarded out at the Alcester Public Assistance Institution, leaving a total of 1,319 in residence, to whom we have given opportunities to state any grievances or complaints.

Good use of the Mental Treatment Act, 1930, is made at this hospital, there being 4 out-patient clinics; these clinics are held at the general hospitals at Birmingham and Rugby monthly, and at Coventry and Leamington weekly. Nearly 50 per cent. of the direct admissions since the beginning of this year consisted either of voluntary or temporary patients. The selection and appointment of a social worker is now in progress, and this valuable addition will be appreciated both in connection with the out-patient clinics and maintaining understanding with the homes of the patients' relations or friends. The services of such a worker would be also useful in the boarding-out of patients under section 57, Lunacy Act, 1890, should this method be developed.

Overcrowding in the hospital still increases as is witnessed by the fact that there is a deficiency of night accommodation for 204 patients compared with that of 160 at the date of the last visit of our colleagues. There are many mentally defective patients here, about 80 of whom should be accommodated elsewhere when possible.

Rewiring of the electric lighting system is in progress throughout the whole hospital which has delayed the redecoration of some wards, but the general condition of male Tipperary ward and its airing court needs early consideration. Some of the wards are especially well decorated and furnished on the women's side, and it is pleasing to see that in many of the single rooms the patients have their small personal possessions around them.

Yesterday we saw a dinner well served to the patients, consisting of soup, fish, potatoes and bread and cheese; the patients enjoyed this meal, and we were also glad to learn that baked rice puddings are now instituted in the place of boiled ones, and that fresh fruit is distributed twice a week in addition to the ordinary dietary. One of the patients' visiting days has been altered from a Saturday to a Sunday, when the canteen which adjoins the visiting room is much patronized; the canteen is also open in the mornings and afternoons of each week-day.

At Highfield there has been a reconstruction of the men's bathroom and lavatories, and also the addition of new hot and cold water basins on the women's side. One of the many advances contemplated is the laying on of hot water to washing basins throughout the whole hospital.

During our visit we inspected Leigh House, the private patients' home (for women), which is well furnished and tastefully decorated, including the kitchen which has been recently attended to. The weekly maintenance charge for rate-aided patients is £1 1s. 0d., and for private patients £2 12s. 6d., the average weekly maintenance cost being £1 0s. 11d.

Fire drill is given to the hospital staff by the Coventry Fire Brigade, and an emergency system of gas lighting has been installed in the observation

dormitories. On the women's side, wards 5 and 6 are to be improved by the converting of a single room into an additional bathroom and the verandah being provided with a glass covering respectively.

Overcrowding is receiving great attention by the Committee, who are debating the erection of new accommodation for the chronic patients and the provision of an admission hospital among other additions and replacements. Until there is a new laundry, something in the way of decoration of the patients' day-room, which is adjoining, might be effected to give more restful surroundings.

We have also witnessed a good class of mixed sexes at physical drill and country dancing in the recreation hall, and as the new tarpaulin covering is on order for the open-air dance floor in F.6 airing court this type of training and exercise will be facilitated for expansion.

A branch of the County lending library has been established here in connection with the hospital library under the control of the Chaplain, who was able to tell us of the system by which he proposes to furnish the wards with some 30 books fortnightly.

The whole of the patients' clothing is under consideration and more modern garments are now being issued; all ward-markings are to cease to be on under-clothing and bedding, while linen marking is to supersede ink marking.

The hospital's tailor, who to date has had to deal with the suits of the staff is, in future, only to be concerned with those of the patients, and he is to be provided with a steam press. An innovation is the provision shortly of irons to several male wards so that the patients can perfect the tidiness of their clothes, such as collars, etc., on their return from the laundry. These advances will greatly help to raise the level of self-respect among the patients.

Twelve men and 72 women have parole beyond the estate and 81 men and 100 women within the grounds. The recreations and amusements of the patients include reading, wireless, dances, whist drives, the "talkies," and football matches.

Occupational therapy continues for both sexes; many fine rugs are made and are being placed in the single rooms of the women's wards F.1 and 7. Great strides in the development of handicraft are to be witnessed in the female admission ward, and according to the scheme of re-organization of occupational therapy throughout the wards and occupational centre entrusted to Dr. MacKeith it will not be long before a high standard is established.

The mortality rate for 1935 was 9.1 per cent., which is high by comparison with the rate of 6.3 per cent. for all mental hospitals over the same period.

Since the last visit 132 patients have died, post-mortem examinations being carried out in just over 36 per cent. of cases. The main causes of death were heart disease 51, senile decay 28, pneumonia 6, kidney disease 7, epilepsy 2, as well as general paralysis of the insane from which 8 patients died and for which active treatment by malaria and other measures is carried out.

Tuberculosis was responsible for the death of one patient of each sex. There are at present 4 men and 9 women patients under treatment for this disorder. We were glad to hear that skilled radiological examination and expert opinion are available for patients suspected of tuberculosis at the nearby sanatorium.

Three inquests were held, two being upon patients who committed suicide whilst on leave or trial, neither having previously, we are informed, given evidences of suicidal tendencies. The third concerned a patient whose death from pneumonia was accelerated by accidental fractures caused by falling over a bedstead. The circumstances of this death were reported to our Board at the time.

Five patients sustained fractures, all accidentally caused, during the period under review. An enquiry about a patient who swallowed a hair clip, without apparent injury, elicited the information that the X-ray apparatus here cannot be used for cases of this kind. We realize that for tuberculous patients and those with injuries, if they can be transported,

facilities are available outside the hospital, while the apparatus here is useful for dental work. At any time, however, the need might arise for radiological examination in the hospital itself in suspected injury for which such examination is nowadays a matter of course. We hope this will be kept in mind in planning future development.

There has been no serious epidemic of any kind since the last visit.

The patients are in our opinion receiving thoughtful and careful medical treatment; in addition to the benefits of the hospital régime active methods such as the administration of autogenous vaccines and the use of somnifaine are practised, and we were particularly glad to know that modern psychological methods of investigation and treatment are used for some who are thought to be capable of benefiting thereby. Case conferences, which can be such a valuable means of co-ordination and stimulus, are to be instituted shortly.

In the laboratory, steady routine work in direct touch with the needs of the hospital is maintained, not only on actual pathological material, but in testing water, sewage effluent and the efficiency of disinfectant methods, while extensive investigations into vascular and gastric functions are at present under revision for the purpose of selecting promising methods of research.

Approximately 10 per cent. of men and 16 per cent. of women patients were in bed at the time of our visit, and were in our opinion carefully nursed. The relationship between the nursing staff and the patients appeared to be good and the patients on the whole were orderly and quiet. It was particularly pleasant to see plants and flowers successfully kept by the bedside of a number of those who were liable to become excited, and to find that one or two impulsive and violent patients whom we happened to visit at dinner-time had the meal daintily served in spite of the difficulties involved.

The nursing staff, including sub-officers, totals 211, i.e., 77 men nurses, of whom 59 are certificated or registered as mental nurses, and 134 women nurses, of whom 38 are similarly qualified. Teaching is given for the examination of the Royal Medical Psychological Association, and that of the General Nursing Council.

Included in the attractively furnished nurses' home is a room where a hairdresser attends daily. So far, this facility has not been extended to the patients, and we hope that this may be possible in the near future.

During our visit, which we started the afternoon before last, we were escorted by Dr. Parfitt and by other members of the hospital staff.

ISLE OF WIGHT COUNTY MENTAL HOSPITAL.

July 14th, 1936.

During our visit to this hospital which we have completed to-day, it has been a great pleasure to note how generally contented and happy are the majority of the patients and the quietness amongst them. No complaints except on the score of detention were made to us, and only 1 private interview was requested and given. One of the reasons for this and the one which Dr. Davies-Jones regards as the chief reason is that only 1 of the male and 2 of the female wards are closed wards, all the others are open to the ward gardens, thereby affording so much less restriction; another reason may be the development of occupation therapy, which is gradually spreading through the hospital under the direction of the medical staff with the assistance of the occupation mistress, Miss Reynish, and to which is now being added physical drill for such as are considered suitable.

A very important and growing branch of the work of this hospital is its out-patients' clinics established at Ryde Hospital, Newport, and at this hospital, and to which has recently been added another at West Cowes. During 1935 there were 182 patients dealt with, 120 new patients seen and a total of 670 attendances were made by patients at the 124 sessions. From these clinics were sent 57 of the 79 of the voluntary patients received here during 1935, and also 9 of the 25 temporary patients which in itself shows

one of the great advantages accruing from the Mental Treatment Act, 1930. The extra work which the clinics have thrown on the medical staff has been recognized by the Committee in the appointment of a house physician filled by Dr. G. K. Aubrey; we earnestly hope that this appointment will be confirmed on a permanent basis.

Since the last visit the lighting of the hospital has been transferred to the main supply; a refrigerating plant has been erected and a disinfecter and hydro-extractor installed in the laundry—the latter cannot be operated while open or opened while running.

All the corridor walls are in process of painting in pleasing colours and re-decoration of other parts of the building will follow.

Matters under consideration are the nurses' home which when completed will release rooms in the wards now occupied by female nurses and so reduce overcrowding; also the entire equipment in the kitchen and bakehouse is to be renewed with reconstruction of the latter.

During our visit to the wards and dormitories in the older part of the building we thought that some addition and replacements of furniture were needed, and were glad to hear from Dr. Davies-Jones that this matter is having his attention; this year 72 bedsteads have been replaced.

The padded rooms need attention. They are inconvenient, poorly ventilated and the wooden floors are not hygienic.

There were in hospital to-day 122 male and 238 female patients, of whom 27 males and 29 females were voluntary, and 3 and 7 respectively, temporary patients. These numbers include 35 private patients of whom 7 are service or ex-service patients.

Of the 137 patients admitted last year, 79 were voluntary and 25 temporary patients—good evidence of the effective operation of the Mental Treatment Act.

No patients are boarded out and only 1 patient is now on leave or trial.

The weekly maintenance charge per head for home patients is 24s., and for private patients from 25s. to 109s. The average weekly maintenance cost as last ascertained is 24s. 11.65d.

The mortality rate for the year 1935 was 9.1 per cent. Over 84 per cent. of the deaths were persons over 52 years of age.

Since the last visit paid by two of our colleagues on June 19th, 1935, 37 patients have died (13 males and 24 females). Pneumonia and organic brain disease has each been responsible for 8 deaths.

An inquest was held on a female patient who died from asphyxia caused by the passing of food into the respiratory passages as the result of disease.

There has only been 1 case of injury that would be described as serious—a case of a female patient who slipped on the floor and sustained a fracture of the wrist. This almost complete freedom of accidents is a credit to the vigilance of the nursing staff.

One patient has died from tuberculosis and 2 are reported to be suffering from this disease at the present time.

Facilities for nursing in the open air are likely to be improved in the near future.

The hospital has again been free from cases of epidemic or zymotic disease.

We were satisfied with precautions that are taken in the laundry to prevent an outbreak of infectious intestinal disorders.

Useful work is being carried out in the laboratory in the diagnosis and prevention of disease.

The nursing staff consists of 27 male and 34 female nurses, 5 and 8, respectively, being on night duty. Seventeen male and 8 female nurses are certificated or registered as mental nurses, and 2 males and 10 female nurses have passed the preliminary examination.

We are much indebted to Dr. Davies-Jones for his kind attention to us during our visit, and we were pleased to meet the Chairman of the Visiting Committee, Lt.-Col. W. Guild, J.P., who gave us a few moments of his time during the course of an important committee meeting.

WILTSHIRE COUNTY MENTAL HOSPITAL.

July 28th, 1936.

We have to-day completed a most interesting visit, begun yesterday, to this hospital, and to Dr. Leech, the Medical Superintendent, to Dr. Speer, his Deputy, and to the other members of the medical staff, we wish to express our thanks for the assistance given to us. Since the visit of our colleagues last year, a number of important alterations and improvements have been carried out, including modern and up-to-date sewage works, and an excellent sanitary block for the use of patients' visitors.

The mortuary chapel has been altered so that it can also be used as a viewing room, and we think that the effect of the alterations is admirable; a wheeled bier for the transport of bodies from the mortuary has been provided.

In the annexe a well-equipped hairdressing saloon is now in use, and we readily believe that this innovation is greatly appreciated by the female patients.

Another most valuable addition is the new tea-room and garden adjoining the canteen. Here patients entertain their friends on visiting days, and if any proof of its popularity be needed, suffice to say that the existing accommodation has already been found to be inadequate, and an extension of the building is in contemplation. We were interested to see that ice cream is now stocked in the canteen, and we were told that there is a good demand for it.

The main works in contemplation include the complete re-organization of the main building, and the provision of an X-ray room and an operating theatre, both much needed. We hope that in course of the work to be done in the main building the locks, particularly those on the fire doors, many of which are of obsolete types, will receive attention.

There are to-day 1,152 patients resident in the hospital, 515 men and 637 women. Of these 12 men and 18 women are voluntary patients, and there is 1 female temporary patient. The nursing staff consists of 26 charge nurses (13 of each sex), and 50 male and 64 female ordinary nurses. At night there are 17 male and 19 female nurses. No female nurses are employed on the male side. Fifty-three male nurses and 22 female nurses are certificated or registered as mental nurses, while 19 men and 20 women have passed the preliminary examination.

During 1935 there were :—

					Voluntary.		Temporary.		Certified.	
					M.	F.	M.	F.	M.	F.
Direct admissions	...	...	...	...	25	35	—	2	58	78
Admitted on transfer	...	...	...	...	—	—	—	—	2	8
Departed or discharged	...	...	...	...	19	18	—	2	27	47
Of whom had recovered	...	...	...	...	5	5	—	1	19	35
Transferred to other care	...	...	...	...	—	—	—	—	5	3
Allowed out on long leave or trial	...	...	...	...	—	—	—	—	18	32
Number to whom granted money allowances	...	...	...	...	—	—	—	—	11	10
Died	...	...	...	...	2	3	—	—	40	33

These figures show a welcome increase in the percentage of admissions of voluntary patients, but it is disappointing to find that during the whole of 1935 only 2 temporary patients were admitted, and that at present only 1 temporary patient is resident in the hospital. The provisions of the Mental Treatment Act, 1930, have, we are informed, been explained on more than one occasion to the medical practitioners and relieving officers in the county, and its benefits pointed out, but it seems clear that these benefits are not yet realized, and we hope that still further efforts will be made to change the present attitude of medical practitioners and relieving officers towards the Act.

During our tour of the hospital we saw, we believe, all the patients in residence, and with all who desired it we had conversation. The patients were quiet and orderly, and the absence of complaints except for a few on the score of detention was noticeable. They were well and neatly dressed, and we were much pleased to hear that all patients who wish to wear their own clothes are allowed to do so.

There is a patients' cricket team, as well as a football team in the winter; the women have a pipe band (which we heard performing this morning) and a folk dancing class, while there are physical training classes for both sexes. The folk dancers have already won a certificate in open competition for their display, which is a matter calling for congratulations to all concerned.

There is a good staff band, and concerts are held in the recreation hall, where also there are weekly dances in the winter, and talking picture shows throughout the year. Forty-four male and 6 female patients enjoy parole within the grounds, and 15 men have parole beyond the estate, while 5 wards (1 male and 4 female) are open to the ward gardens.

A pleasing feature of the hospital is the number of small garden plots which the patients themselves cultivate, where flowers and even vegetables are successfully grown. The wards and dormitories are generally in very good order and a good deal of redecoration has been done during the past 12 months. Not many flowers or plants were in evidence in many of the day-rooms, though we realise that the inclement weather has made the supply of flowers normally available during the summer somewhat difficult. Throughout the day-rooms there are a number of pictures which are of little value either intrinsically or for their decorative effect and we should like to suggest for the consideration of the Committee that these be replaced by posters, either mounted on plywood or applied direct to the walls and varnished.

Another point that struck us was the very poor condition of most of the books in the wards. These should be rebound, and we may here point out that bookbinding is work which can well be undertaken by suitable patients who have received a few hours elementary instruction.

In many of the wards we found that the charge nurses apparently had little idea of the correct use of the poison cupboards. The poisons were kept properly locked up in the appropriate part of the cupboards, but with them in many cases we found such non-poisonous substances as olive oil and boracic lotion. This practice is, of course, illegal as well as dangerous, but we feel assured that attention having been called to it, the practice will cease.

Much good occupation work is done in the wards, and indeed this branch of hospital activity continues to make very good progress. In the isolation hospital there is a carpenter's shop where 8 male patients are employed, and here we saw being made many excellent chairs for the chapel, as well as bed-tables and many other useful articles. Bedside lockers are also made, and many of the wards are already equipped with them. The remainder will have them also in due course. On the female side most of the forms of activity which go to make up occupation therapy are successfully pursued, and we noticed particularly during our tour of the wards the number of attractive flower receptacles made in the occupation rooms out of such things as disused jam and pickle jars.

The health of the patients during the last year has been good, and with the exception of 3 cases of dysentery (2 M. and 1 F.) there has been no zymotic diseases in the hospital. There are at present 8 males and 12 females suffering from tuberculosis.

We are impressed by the efforts which have been made to cope with dysentery, which has been prevalent in this hospital for some time. All cases, to the extent of some 70 males and 50 females, who have suffered from this disease are isolated in special wards, and individual patients are only removed from isolation after careful and repeated laboratory tests. Whether in consequence of the steps which have been taken or not, it is a fact that no active case of this disease is at present under treatment, and that since

the last visit only the 3 cases mentioned earlier in this entry have been reported, and only 2 patients have died. We feel that this highly gratifying position is largely or entirely due to the valuable work carried out in the small and still poorly equipped pathological laboratories by the Pathologist and his assistant. We have carefully investigated the matter, and we would strongly urge the provision of a sterilizer, etc., in order that the Pathologist may manufacture his own media so that he may be satisfied as to the correctness of the results following their employment. At the present time it is necessary to purchase media from another source—a most unsatisfactory and undesirable state of affairs, and one which we are certain the Committee would be well advised to terminate.

The mortality rate for the year ended December 31st, 1935, was 7 per cent. (M. 8 per cent. and F. 6 per cent.). In 78 per cent. of the cases post-mortem examinations were conducted, a percentage which is very satisfactory indeed.

One male patient and 1 female died of dysentery, and there were 3 deaths (1 M. and 2 F.) from tuberculosis; more than half the deaths which took place during the period were due to senile decay and cardio-vascular degeneration. There were 4 inquests, in 1 case on a female patient who committed suicide by hanging herself.

There have been 6 serious, but not fatal, casualties since the last visit, all of them due to accidents which resulted in fractured bones.

WORCESTER COUNTY AND CITY MENTAL HOSPITAL, POWICK.

September 30th, 1936.

During almost the whole of last week, we were occupied in paying, on behalf of our Board, the annual visit here and to the hospital for the County, known as Barnsley Hall, at Bromsgrove. September the 23rd, 24th and 25th were spent here.

To all three of us our tour of the institution and of its extensive grounds, and the conversations we had with Dr. Fenton and other officials have been of much interest as well as informative. We were glad, too, to have an opportunity of discussing various matters with the Chairman of the Committee (G. W. Peck, Esq.) who was at the hospital during part of the second morning of our visit.

Besides their importance in general, we felt, as we did at Barnsley Hall, that some of these matters could not be dealt with adequately without opportunity to study the statistics relating to the two sister institutions together. Hence our decision to postpone writing our entry until we had had opportunity to examine the figures relating to both hospitals jointly.

In addition to the nearly completed treatment centre, to which we shall refer later, and which we are sure will prove a landmark in the development of the hospital's medical resources, the outstanding matters which we have in mind are:—(1) The deficiency of accommodation for the nurses and the unsuitability and out-of-date character of some of that which exists for them here. (2) The inadequacy of the arrangements for the reception of recent cases and for keeping them apart, both during active treatment and convalescence, from long standing cases of mental disorder, some of whom, besides their chronicity, possess symptoms which to new arrivals must be very distressing to witness. (3) The fact that the hospital is practically full—there are indeed 19 more cases on the women's side than the number for which there is authorized accommodation—coupled with the further fact that the sister hospital is overcrowded to the extent of at least 11 per cent. more than its recognised number. (4) The possible desirability of stabilizing the arrangement under which a considerable number of Birmingham patients are accommodated here and at Barnsley Hall as a means, while maintaining its benefits to each of the authorities concerned, of meeting satisfactorily the needs to which we desire to draw attention.

With regard to the nature of the aforementioned deficiencies, it is probably unnecessary to say much because we believe that they already are realized locally. By way of emphasizing the urgency of their rectification, however, it may be helpful to point out that, as to the nursing staff, besides the absence of suitable mess and recreation rooms for them, of the 82 nurses who reside in the hospital (2 sleep out) in the case of only 31 has each a bedroom to herself, 8 sleep in 2 small 4-bedded dormitories, 27 sleep in rooms with 3 beds, and there are 8 rooms each shared by 2 nurses, and that, as to the means for the reception of new patients, while it is a pleasure to say that the best is being done under very difficult circumstances, the wards used (No. 1 on the men's side and No. 8 on the women's side) are wholly unsuitable, and could not be adapted for the purpose, and that none of the other existing wards would serve the purpose better.

A reminder as to how these deficiencies have come about may be helpful. They are a legacy of the past; fruit of the fact that, neither when this hospital was opened in 1852 for 100 patients of each sex—well over three-quarters of a century ago—nor even in 1882 when the annexe was planned, had either of two great principles, which are now prominent among cardinal points in mental hospital construction, even begun to shape themselves either in medical thought or in the mind of the public. We mean (1) the necessity for a nurses' home and all that that unit now connotes and (2) the provision of detached units—admission hospital with a pair of convalescent homes—for recent cases.

With regard to the former of these two points, it was only in the eighties that courses of instruction began to be given to nurses in mental hospitals, and for many years it had been and continued to be thought desirable, for the safety of the patients and to be ready for emergencies, that practically all the nurses should sleep in rooms in or closely adjoining patients' dormitories. Now-a-days, due to the development of real nursing by night as well as by day and under improved methods of administration, the reverse is the practice and only a minimum are required to be in or near the wards, and they, sometimes, only in turn. It was not, however, until about 1910 that in a public mental hospital the first detached unit, on more or less the lines of a modern nurses' home, was opened.

With regard to detached units solely for recent cases, they did not take shape before 1893. In the meantime, as respects Worcestershire, certain events had happened:—(a) The annexe at Powick, specifically planned for patients mentally infirm from old age, for those otherwise demented, and for idiots, (the Mental Deficiency Act had not yet been suggested), had been opened in 1885 for 70 male and 140 female patients; (b) when further accommodation was wanted, it was decided not to enlarge the hospital at Powick but to build the first part (two-thirds) of a new mental hospital; and (c) with the arrival of Greater Birmingham an appreciable reduction in the size of the population of the area concerned, and therefore in the demand for mental hospital beds, took place.

Thus it has come about that during the past fifty years there has been no call for more beds at this hospital: a call which perhaps might have been met, as has been done in quite a number of places, by the erection of a nurses' home, admission hospital and convalescent homes. It may be well to remark here that in the event of the provision of a nurses' home—or perhaps of its nucleus with rooms for, say, 25 nurses—it would be unsafe to assume that the whole of the accommodation thus set free would be available for patients.

Taking the figures of both hospitals together and in the light of a comprehensive return made about a fortnight ago, the present position, as we see it, is as follows:—The reputed accommodation (night space) at Powick is for 548 men and 623 women, at Barnsley Hall for 292 men and 346 women; jointly for 840 men and 969 women. The patients in residence at both hospitals were 870 men, 1,024 women, a total of 1,894: that is 85 (30 men and 55 women) above the number for whom there is recognised accommodation, nearly all these excess patients being at Barnsley Hall. Of this total in

residence, 414 (238 men and 176 women) did not belong to either the County or the City, and of these 414 patients, (a) 15 men and 25 women (all 40 at Barnsley Hall) are in the private class and presumably there would be no wish to remove them; (b) 69 men and 50 women (all of them at Powick) belong to East Ham and to Berkshire, and (c) 255 (154 men and 101 women) are Birmingham cases, all of whom, with the exception of 30 men and 1 woman, were at Powick. We understand that all the East Ham cases will have been recalled before the end of January next and that the contract for the Berkshire cases expires in October of 1937. We realize that, although the chief overcrowding is at Barnsley Hall, the relief obtainable by the removal of these 119 out-county cases from Powick can be spread over both hospitals. However, its total effect would be to leave only 39 vacancies for men and there would still be a deficiency of night space for 5 women. For men it is possible that that margin might suffice for some years—we are not sure—but the question of sufficient accommodation on the women's sides of the two hospitals clearly presents a difficult proposition for the future.

The obvious alternatives would appear to be either a disturbance of the arrangement under which the neighbouring authority can count upon a substantial amount of accommodation at either one or both of the sister hospitals or the erection of additional accommodation. With respect to Barnsley Hall, the adoption of the latter choice would be indeed but the fulfilment, wholly or in part, of original intentions: with respect to Powick, as the number of beds here already exceeds 1,000, consent to add to accommodation could only be obtained on condition of its meeting deficiencies in medical facilities.

Decision between these alternatives rests of course with the authorities concerned; but, in coming to a conclusion, we hope that it will be borne in mind that serious inadequacy of arrangements, on modern lines, for the reception and treatment of recent cases exists at both hospitals, and that the passing of the Mental Treatment Act, 1930, and the many developments in medical requirements, which both led up to the Act and which its operation is stimulating still further, greatly accentuate the disadvantages and difficulties under which, in the absence of these medical facilities, any mental hospital must labour.

Hence, in our view, the importance of the fourth of the matters we enumerated early in our remarks: namely, instead of seeking to disturb the arrangements under which a considerable number of Birmingham patients can count upon accommodation here and at Barnsley Hall, the desirability of considering how the position can be stabilized—confirmed that is, for some such period as, say, 30 years. This is not the place to enter further into this possibility, but, should it commend itself tentatively to the Committee, perhaps later it may form the subject of conference with our Board.

The changes which have taken place amongst the patients since the visit of our colleagues in November last leave upon the books the names of 1,182 patients—540 men and 642 women—all of whom were in residence with the exception of 4 men and 2 women who were out “on trial.”

Looking at the figures relating to discharges during 1935, we are glad to observe that full use is made of the valuable system of allowing patients out “on trial” preparatory to full discharge. It would seem, indeed, that practically every case of discharge is thus dealt with. On the other hand, the number of these patients to whom money allowances were granted—only 18 per cent. of the number allowed out on trial—strikes us as still small.

During the year 1935, 137 patients were admitted, of whom 16 were received on a voluntary basis and 5 as temporary patients. The percentage of direct admissions received under the provisions of the Mental Treatment Act was thus approximately 15. We are glad to note that the corresponding figures for the first three quarters of the current year show an increase in percentage to approximately 23.

The weekly maintenance charge for home patients is 17s. 6d. and for private and out-county patients 25s. 1d. The average weekly maintenance cost as last ascertained was 18s. 3 $\frac{1}{4}$ d.

Amongst various improvements carried out since the last visit are the re-flooring and re-arrangement of the female staff mess room and scullery and electrification of the farm machinery. The gas making plant has been closed down, supply of that commodity being now received from Worcester. Work now in progress includes the re-locking of the whole hospital. We saw a sketch plan dealing with the proposed re-construction of the Sanitary Annexe in F.5 ward, work on which we understand will be undertaken shortly. Improvement of the sewerage disposal system is under consideration.

Much redecoration has been carried out since one of us was here two years ago and the improvement thereby effected was very noticeable. Generally the wards were in good order but we are glad to find that consideration is being given to the heating of the general bathrooms. Considerable difficulties have arisen recently in the bakery and allied storage etc., rooms, through their infestation by an insect believed to have been imported from abroad in connection with fruit or some other commodity. Experience already gained in tracking the movements of the insect leads one to hope that it will be found possible to stop its depredations at no distant date but the damage caused is considerable and has necessitated the reconstruction of the brickwork, etc., in various places.

Few patients are employed in the utility shops of the hospital, working with the artisans, and occupational treatment generally appeared to be making little progress. Discussing these questions with Dr. Fenton, we gathered that he and members of the Visiting Committee contemplated visiting one or two hospitals where occupational therapy has been developed on organized lines. Believing, as we do, so firmly in this form of treatment, we hope that further development of it here will be undertaken as early as possible.

The value of giving parole to suitable and selected patients—that is to those who, by their general trustworthiness and perhaps by their willingness to employ themselves, can be trusted to walk about unattended either within or beyond the grounds—is by no means overlooked here. Apart from the fact that the doors of one ward (No. 8) on the men's and 2 (Nos. 9 and 12) on the women's side leading to the enclosed ward gardens are kept unlocked, it is confined, however, almost entirely to the men's side, where 49 men have their parole, including 6 who go out by themselves beyond the estate. With such extensive ground as this hospital possesses, and because we know the influence which this privilege has both upon general contentment and upon getting patients to engage in utility occupations, we suggest the desirability of efforts to increase the use of this privilege and that it should be possible to find at least, say, 16 per cent. of the total resident suitable for it. We believe that it is easiest to arrange where it is possible to group all such patients in units to which none but patients on parole are sent, though we, of course, recognise that, in an institution of this age and design, such an arrangement may not be easy to make.

In perusing the dietary scale, we notice some points in it which, despite the absence of any remarks of dissatisfaction, we think are open to criticism: mainly in the direction of lack of variety. For instance, we see that for breakfast on at least three mornings a week the meal consists solely of currant bread, without margarine or butter, and a pint of coffee, and that, on 4 afternoons a week, tea consists solely of bread and margarine with a pint of tea. Currant bread, no doubt, may be appreciated sometimes as a substitute for part of an allowance of ordinary household bread, but even then we think butter or margarine would be expected: in that connection, mention may be made that many mental hospitals now use a mixture of butter and margarine and that some in fact have reverted entirely to butter. Another point is the absence of any provision in the scale enabling the purchase of fresh fruit, when not available from the farm or garden, so that it may be given as a weekly

issue. The value to health of fresh fruit is undoubted and this provision is now very general.

We saw some 10 patients in bed on the men's side and 24 women : scarcely 4 per cent. of the total in residence. This seems an unusually small proportion. They were distributed in 3 wards on each side. Our inquiries concerning each of them left us with the feeling that their medical and nursing needs receive careful and skilled, as well as kindly, attention. Several useful nursing facilities have been introduced into the wards ; among which we noted with interest a type of geyser to meet the difficulty of supplying hot water to hand-basins in the nursing dormitories. In connection with our inquiries about individual patients, we had occasion to look up their clinical records. The notes made in them struck us as particularly good, and it was especially pleasing to see how full and carefully taken were so many of the case-histories ; also the fullness of the description of the mental state of the patients. This last fact suggests that good use is made of the clinical rooms, which have been adapted in some 5 of the wards. We hope it will be found possible to arrange 1 such room in each ward.

Naturally the treatment centre, to which we have already made some allusion, interested us very much. Its plans were approved last January and it is hoped to have it ready for use early next year. It is placed very centrally, opening as it does off the corridor which connects the old building with the annexe. It is a one-storey building and contains an operating suite of 3 rooms, a surgeon's room, and electrical treatment and dental room, a room for colon irrigation, X-ray and developing rooms, waiting and recovery rooms and sanitary conveniences. Infra-red and ultra-violet apparatus already have been in use some time in a room at the annexe. We should like to congratulate the Committee and Dr. Fenton on the provision of this important centre ; also to express the hope that when this is brought into operation, opportunity will be taken to bring the laboratory into more active use, perhaps by the employment of the services of a technical assistant and to supply some help—probably part time services would suffice—in the dispensary.

The death-rate during the year 1935 was very low : 5.6 per cent. of the average number of patients resident and in practically equal proportion as to sex.

During the period under review—just over 10 months—there have been 18 deaths on the male and 33 on the female side. They were all from natural causes and verified by post-mortem examination in the good proportion of 78 per cent. of these 51 cases. The great majority of them were due either to heart disease or senile decay. It is of interest to note the small proportion of them accounted for by general paralysis (only 3 of the male deaths and none of the female ones), and the fact that in not a single instance, either as a principal or contributory cause, did tuberculosis enter into the cause of death : the number of known cases of the latter disease at present here is 3 on the men's and 1 on the women's side. This apparently small incidence of tuberculosis and the fact that, with the exception of one case of enteric in August this year, there has been no incidence of gastro-intestinal affections reflect satisfactorily on the general health of the institution. There have been 3 cases of lobar pneumonia ; 2 of measles, including 1 member of the staff, and 9 cases of scarlet fever, including 2 members of the staff. Seclusion has been employed in the cases of 67 patients, all women ; and the use of padded gloves in the case of 1 male patient to prevent further severe injury to the nasal septum.

Casualties of at all a severe nature have been limited to 3 cases of fracture of a bone and one of dislocation of a joint. Of these, 2 were sustained in altercations with a fellow patient, 1 was due to restlessness, and 1 to an accidental fall. A somewhat unusual happening was the occurrence of a double inguinal rupture while joining in a game on the recreation field.

A dentist, who sees all new admissions, visits fortnightly for half a day. Dentures are provided on his recommendation.

Dr. Fenton, who accompanied us throughout the whole of our visit has to assist him Dr. E. P. Boyle, Deputy Medical Superintendent, and Drs. C. E. Perry and S. J. Frewin.

WORCESTERSHIRE MENTAL HOSPITAL, BARNSELEY HALL.

September 30th, 1936.

During practically the whole of last week we were occupied in paying, on behalf of our Board, the annual visit to this hospital and to the one for the County and City at Powick—September 21st and 22nd being spent at Barnsley Hall.

Our visit was both pleasant and interesting to us; but, in relation to at least three of the several matters which presented themselves in its course and to which we wished to allude, it seemed to us that the facts must be so intimately connected with statistics belonging to the sister hospital at Powick that, as it was our intention to visit the latter during the same week, we should be wiser, and perhaps be in a better position to offer suggestions, were we to defer writing our entry until we had had opportunity to study the two sets of figures jointly.

The four matters in question are—(1) the overcrowded state of some of the wards; (2) a suggestion, so we understand, that this overcrowding should be met by instructions that in future rate-aided patients, who would ordinarily be sent to Barnsley Hall, should be sent as far as practicable to Powick; (3) the inadequacy of the arrangements for the reception of recent cases and for keeping the latter apart, both during active treatment and convalescence, from long standing cases of mental disorder, some of whom, besides their chronicity, possess symptoms that must be acutely distressing to newcomers; and (4) the possible desirability of stabilizing the arrangement under which a considerable number of Birmingham patients are accommodated here and at Powick as a means, while maintaining its benefits to each of the authorities concerned, of satisfactorily meeting the needs to which we desire to draw attention.

It will be convenient to deal first with the second of these matters; namely the suggestion that new admissions who normally would be sent here should be diverted as far as practicable to Powick. To our regret, this proposal seems to have been put, at least in part, into practice: for, commencing with a few Kidderminster cases in 1933, since then up to now some 70 patients from that area have been sent to Powick. We recognize that the journey to the latter hospital is by no means so great as, for similar purposes, is unavoidable in some counties: still, it is appreciably greater than to Barnsley Hall and to that extent is a hardship to relatives and may tend to delay treatment or make it unpopular. Our regret, however, is specially on account of the bad effect which the withdrawal of a normal supply of recent cases must have upon the medical and nursing spirit and standards of the hospital. We strongly urge that the matter should be reconsidered and that other steps be taken to reduce excess in numbers.

This excess in numbers can be understood best by recalling the fact that the hospital, at its opening in 1907, had accommodation planned for 254 male and 316 female patients. Partly by using for able-bodied patients first floor wards originally intended as sick-wards, partly by reckoning the whole (so it seems) of the 12 beds on each of the two verandahs as part of the recognised night space, and partly by using for male patients rooms originally intended for male staff who now live out, the present night space is returned as correct for 292 men and 346 women. The present day space is returned as sufficient for 339 men and 367 women: the basis of calculation for this increase in the day space is not quite clear to us, but the point is not very material as, for present consideration, it is the night space which is important. At our visit there were on the books the names of 328 male and 382 females patients, of whom there were respectively 2 and 5 absent on trial. Thus, relating these numbers to night space, there was on each side a deficiency of 36 beds, a total total of 72: in other words, overcrowding to the extent of 11 per cent.

Fortunately there is no present indication that this overcrowding has had any ill-effect on the health of the patients, but it seriously hampers classification and treatment and is certainly a risk to health. The committee are therefore wise in considering steps to deal with it.

Assuming, as we hope we may, that no restrictions will be placed on the reception here of new cases, two ways by which to deal with the overcrowding obviously offer themselves: the removal either to the hospital at Powick or elsewhere of some 80 to 100 patients or the erection here of new buildings to accommodate that number.

With regard to the creation of vacancies by the removal of patients, it seems, from a comprehensive return made in relation to both hospitals about a fortnight ago, that of 712 patients at Barnsley Hall 31 were Birmingham cases and 40 private patients not belonging to Worcestershire. Plainly the removal of these 70 or 80 cases, even were such step unattended with difficulty, would not suffice more than momentarily to meet the position. However, according to the same return there were a much larger number of out-county cases at Powick:—224 Birmingham cases (124 men and 100 women), 79 patients (69 men and 10 women) belonging to East Ham and 40 women belonging to Berkshire. We have reason to believe that most of the 79 East Ham patients will have been recalled before the end of the year and the remainder in January, and the contract for the Berkshire cases expires in October next year. There is thus considerable relief within sight at no very distant date. The present recognized accommodation (night space) at Powick is for 548 men and 623 women: taking both hospitals together, it is for 840 men and 969 women. The removal of these 69 male and 50 female out-county patients, therefore, would leave a margin, to be shared by both hospitals, of only 39 vacancies for men and there would still be a deficiency of night space for 5 women.

Average annual increases (or the reverse) are never easy to forecast; but even if it be accepted that the 39 vacancies for men might be made to suffice for some years, and even if it would be accepted that the annual increase over the women's sides of the two hospitals, taken together, will not exceed 10, the position in regard to accommodation for women gives cause for grave concern. It is therefore clear that either steps will have to be taken to disturb the arrangements under which the neighbouring authority can count upon substantial accommodation at either one or both of the sister hospitals or that resort must be had to the provision of additional accommodation here and perhaps at Powick. We say "perhaps" because, having regard to the fact that the number of beds already exceeds 1,000 consent to increase its accommodation would be obtained only on condition that it is to meet deficiencies in medical facilities. Decision between these alternatives must rest, of course, between the authorities concerned; but, in coming to a conclusion, we earnestly hope that full weight will be given to the third of the matters we have enumerated: namely, the inadequacy of the arrangements, on modern lines, for the reception and treatment of recent cases.

This inadequacy is indeed a deficiency in one of the most important of all medical facilities in a mental hospital. It is present at both hospitals: at the older one, because for 50 years no structural alterations to its accommodation have been made, and when last enlarged in 1885, the notion that recent cases should be kept apart from others in detached units had not even begun to be formulated in this or, so far as we are aware, in any other country; at Barnsley Hall because when it was designed although this notion was beginning to make headway it was by no means established, with the result, that instead of including it as a first essential in the existing first two thirds of the institution (its administrative buildings are built to meet expansion to 850 beds), it was left to future decision whether the projected accommodation here for a further 124 male and 156 female patients should take the form of blocks for so-called chronic patients attached to the present main building or should be provided in detached units—for example an admission hospital for about 30 patients of each sex, a pair of convalescent

homes each for a somewhat less number, and villas—two on the men's and three on the women's side—each for about 35 or 40 patients of the trustworthy and industrious type. It was to the fruition of the latter alternative that the late Superintendent had looked forward so keenly, seeing in these detached units medical facilities of the highest value.

With the arrival of Greater Birmingham and the consequent considerably decreased demand for mental hospital beds for Worcestershire, the completion of Barnsley Hall has never matured; but the passing of the Mental Treatment Act of 1930 and the many developments in medical requirements, which both led up to the Act and which are being stimulated still further by the Act, greatly have accentuated the disadvantages and difficulties under which this otherwise very fine hospital labours in the absence of adequate facilities for the reception and treatment of recent cases. We refrain from setting out in detail these deficiencies because we believe they already are realized.

Should decision be reached, as we hope will be the case, to make good in some way or another these deficiencies, it is then, we suggest that the importance of the fourth of the matters we have been discussing becomes so clear: namely, the desirability of stabilizing, in relation to both sister hospitals, the position of patients boarded in them by the neighbouring authority. This is not the place to elaborate the possibilities which have occurred to us. They doubtless will not escape the consideration of the committees concerned and perhaps later may form the subject of conference with our Board.

A slight increase in the number of patients admitted on a voluntary basis took place in the year 1935, as compared with the previous year, namely, from 7 to 9, but the figures relating to temporary patients remained at three. Corresponding statistics for the current year to date shew voluntary admissions 11 but only 1 temporary patient. These figures for temporary patients are somewhat disappointing and, when regard is had to the fact that, according to information furnished to us, approximately 90 per cent. (83) of the total direct admissions last year (91) were received direct from their homes, it would appear that there is still need for measures to familiarize the local general practitioners with the provisions of Section 5 of the Mental Treatment Act, 1930.

Looking at the figures relating to those discharged or who, as voluntary patients, left upon their own notices, we see that they number 41, including 8 voluntary patients. As many as 37 patients were allowed out "on trial": some 4 more than the total discharged from certificate. Evidently the great value of this practice is well recognized here and full use is made of it. Its complement—namely, the grant of a money allowance during the period of "trial"—seems, however, to be used very sparingly: in 3 instances, that is in only 8 per cent. of the total allowed out "on trial," and those 3 were all women. In our experience the circumstances of a majority of cases are generally such that the patients concerned would benefit by financial help at such a juncture, and we should be inclined to think that usually of those in need there would be more men than women.

The weekly charge for maintenance is 21s. 7d. a head, which approximates closely to its cost as last ascertained. For private patients of whom, not including 18 service or ex-service men, there are 25 men and 48 women, the weekly charge is 35s. We feel sure that the fact that they are classified as private and yet can be received here at a weekly charge well below a couple of guineas must be a real boon to these 73 patients.

Amongst a considerable number of useful improvements and additions carried out since the visit of our colleagues 10 months ago may be noted especially the provision of metal containers for foul linen from the upstairs wards and of trucks and trolleys to facilitate the conveyance of such linen to the laundry, the installation of a refrigerator in the butcher's shop, of a new washing machine in the laundry, and of a new boiling pan together with an electric potato peeling machine in the kitchen. Installation of a mixer in the latter department would enable greater variation in the menu.

Hot water is now available at the fixed wash-hand basins in many of the wards in both divisions, 90 hot water taps having been added during the period under review, and a fitted wash-basin is being installed in the nursing dormitory of the female infirmary. There is still, however, a shortage of lavatory basins in some of the wards; for example, in "A" ward on the women's side it is necessary to put some half-dozen basins on boards on the baths.

A plan for keeping plates hot in the ward kitchens is under consideration, but this problem is one of some difficulty as gas is not laid on to these kitchens.

We were much interested in the canteen which was opened last April in part of what was intended as a small suite of admission rooms at the administrative centre but which, owing to its distance from any ward, never has been used for its original purpose. Effort is being made to give cash-tokens (for use at the canteen) as part of the means of encouraging patients to employ themselves. We felt that this effort is worth vigorous encouragement, but it seems to us to need further thinking out and development and that measures are needed to ensure that the purchase value of the tokens should be at least not less than the amount of goods (e.g. tobacco) of which working patients previously were in receipt.

The wards generally were well kept and we were glad to see that in many of them good provision had been made for the storage of those small receptacles such as attache cases, in which patients keep their collections of personal property, and coat-hanging fitments installed. The floors, however, of some of the dayrooms struck us as rather bare, to relieve which the addition of some rugs—made from waste material in the occupation classes—might prove of service.

In the ward gardens we noticed that the hedges planted to hide the railings separating the gardens used by the more disturbed patients from those occupied by the quieter type had either been rooted up or died. If the hedges were replanted so that they stood in the gardens used by the better conducted and quieter patients, and the hedge bounding the gardens generally trimmed and thinned out so as to improve the view, we think that the gardens generally would be much improved.

During the period that has elapsed since the last visit considerable attention has been paid to the improvement of the clothing of both sexes. We were glad to hear that the men are now being provided with complete suits of the same cloth instead of coats and trousers that do not match and that shirts are now available for them in six different patterns. Efforts are also being made to improve the style of the women's winter dresses and afford greater variation in colour. Modern type underclothing is being supplied and the women are being provided with shoes instead of boots as opportunity offers. Patients are now allowed to wear their own clothing.

Some of the patients are employed in the utility services of the hospital but the number of women employed in the sewing room is small and an almost negligible proportion of the men work in the shops, no patient at present being employed in either the tailoring or boot-making departments or in the bakery.

The Assistant Matron holds occupation classes for about 25 women twice a week but, when visiting one these classes, we found few of the difficult or introverted type of patient present and, so far as we could ascertain, few of the articles being made were for use in the hospital. After discussing the question at some length with Dr. Firth we came to the conclusion that little further progress is likely to be made until a trained occupation officer is appointed and systematic training of the nursing staff in both divisions taken in hand. Only thus, we believe, will the application of this form of treatment to the more difficult and introverted patients be properly developed and unnecessary deterioration prevented.

We saw in the recreational hall a group of about 25 young men, mainly from the restless ward, performing physical exercises with vigour and enjoyment. The class was in charge of a male nurse who, though not specially

qualified in any way, appeared to have good command over his patients and a useful idea of the type of exercise suited to their needs. This is an innovation since the last visit which we should like to see introduced also on the women's side. We are sure that interest would be stimulated and health promoted if gym. costumes were provided. The only special equipment at present supplied is gym. shoes.

The library at this hospital which contains about 2,000 books is not catalogued and is housed in a somewhat remote room. We understand that the visiting-room for male patients is not much used and wondered whether it might be possible to adapt it as a central library and reading-room.

Save on exceptional occasions, no walking parties beyond the estate take place. This seems a pity and, while we appreciate the difficulties of arranging such walks on roads without pathways and with heavy traffic, we hope that consideration will be given as to whether they could be arranged in directions where the difficulties are not so great.

On the other hand when visiting the farm and walking, as we did practically all over the grounds with Dr. Firth and the bailiff, we realized how pleasant these are, and how varied and interesting are the farming operations carried on here. We are glad to know that some 40 per cent. of the patients are taken for walks more or less daily in these grounds who would otherwise be confined for exercise to the ward-gardens. We were somewhat disappointed to learn that usually no patients are employed in and about the farm buildings and among the animals.

The giving of parole, in our Board's view, is one of the most valuable of practices which form part of mental hospital methods of treatment. By it is primarily meant the according to suitable patients selected for their general trustworthiness and at least partly for their willingness to engage in utility occupations, of liberty to walk unattended about some of the unenclosed portions of the hospital's grounds and sometimes to others, usually much fewer in number and closely dependent upon local factors, to walk unattended outside the grounds. Here, while no patients are allowed out beyond the estate, about 35 men, but no women, are given parole within the grounds. Experience shows that usually at least between 16 and 20 per cent. of the total in residence can be found as suitable cases for the grant of parole. It conduces so much to contentment and can be made so great an incentive to self-employment that we hope efforts will be made to increase the use of this practice here. Its incentive power towards occupation and good behaviour is, we believe, most effective when it is possible to group patients enjoying this privilege together by setting apart wards to which none but parole patients are sent. In this connection, we ought to add that on the men's side 4 and on the women's side 3 wards are open-door wards so far as the enclosed ward-gardens are concerned.

Seclusion for short periods during the past 10 months has been employed in the case of 4 men and 26 women; and mechanical restraint in the case of one male patient.

The nurses' home forms part of the main building, as was customary at the date when this hospital was designed. The sitting and mess-rooms are nice and attractive, and it was pleasant to see fires burning in them. Only about a fifth of the nursing staff sleep in the home, however, the rest sleeping in rooms off the wards.

This distribution of the sleeping accommodation for the nurses leads us to mention the shortage of clinical rooms. Clinical records we were glad to see are kept in the wards; but we saw a number of instances where, from the manner in which they were placed in readiness for the doctor's use on the top of the medicine chest in the ward store-room, it was obvious that the latter room has to serve as a clinical room. This is an arrangement which we know still obtains in a number of mental hospitals, but happily a decreasing number, and it should be regarded as really out of date. Apart from the scientific and administrative importance of good medical records, there is inestimable value to be obtained from private interviews between doctor and patient.

To be successful these interviews need reasonably good surroundings :—a suitable room, with table, writing-desk, a couple of chairs, and a bed or couch in case physical examination is necessary.

In admission and sick wards some further minor equipment of a medical nature is, of course, necessary to facilitate adequate physical examination. In such wards and in other wards in which patients are nursed by day, it is important that the room should be accessible from the dormitory without passage through the day-room. To have to attempt these interviews—which, in the treatment of mental illness, may be of first importance—in the confined area of a ward store-room, with patient and doctor, and perhaps a nurse, all standing up together, is a great handicap. We say all this because it seemed to us that, with so many nurses sleeping off the wards, it may be easy, by some time making other provisions for some of them, to provide these much needed clinical rooms.

Patients under treatment in bed numbered 18 on the men's and 38 on the women's side : that is, 5.5 and 10 per cent. respectively, of the totals in residence. The difference in this respect between the two sides is greater than we usually find and is perhaps exceptional. It was satisfactory to find that all of them were in ground-floor wards. From enquiries we made into each of the 56 cases, we were left in no doubt as to the good standard of care, both medical and nursing, of which they are in receipt. Free use is made of the newly installed X-ray apparatus which replaced a worn-out one, and considerable activity is maintained in the laboratory by the medical staff as an aid to diagnosis and other clinical work. Regular use is made of the verandah which forms part of the sick ward on each side. We were pleased to notice that, whilst used for nursing by night as well as by day, by the services of a nurse at night it is maintained as a fully open-air structure. In the sick ward a room is fitted up for minor surgery. A women dispenser attends daily from 11 a.m. to 2 p.m.

The average death rate during the year 1935 in public mental hospitals was 6.7 per cent. of the average total patients in residence, and was slightly higher among the men than among the women. Here it was 5.8 per cent. and was a trifle higher among the women.

The deaths during the 10 months under review have been 18 on the male and 23 on the female side, all from natural causes, except perhaps 1 case, the subject of an inquest, in which cellulitis followed from a self-inflicted abrasion of a toe. In the excellent proportion of 90 per cent. of these 41 cases, post-mortem examination was made. Almost 45 per cent. of them were ascribed to disease of the heart. Eight were due to pneumonia. Only 1, and that of a woman, was due to general paralysis; and there was only 1 death, again a woman, from tuberculosis. Of the latter disease, the number of present known cases are 2 on the male and 5 on the female side. Assuming that the mortality from pneumonia was exceptional, a point perhaps worthy of consideration by the medical staff, these figures leave the impression that the general health of the institution is good.

Casualties of at all a serious nature relate to 6 cases of fracture of a bone and to a case of scalding of the feet by the accidental spilling of hot water. Of the cases of fracture, 2 were due to altercation with fellow patients, 2 to simple accidents, 1 spontaneous due to carcinomatous deposit in the bone, and 1—a case of fracture of the skull despite which recovery happily ensued—was caused by the patient managing to climb where she should not have done and then slipping.

Dr. Firth accompanied us throughout our visit. He has the assistance of Dr. A. Shepherd and Dr. J. B. Harris.

YORKSHIRE (NORTH RIDING) MENTAL HOSPITAL.

March 11th, 1936.

We paid the annual visit of our Board to this hospital to-day. At the time of our visit there were on the books 1,000 patients, 428 males and 572 females. Of this total, no less than 112 are voluntary patients, 46 males and 66 female. We were informed that practically all the voluntary patients come to the hospital as the result of the work done by general practitioners and relieving officers throughout the county, and that the number of voluntary patients who enter as a result of attendance at the clinic held at the hospital is negligible.

					Voluntary.		Temporary.		Certified.	
					M.	F.	M.	F.	M.	F.
During 1935 there were :—										
Direct admissions	...	...	...	...	43	58	8	8	43	61
Admitted on transfer	...	...	...	...	—	—	—	—	5	5
Departed or discharged (excluding transfers)	...	...	...	...	31	42	1	1	15	20
Of whom—										
had recovered	...	...	...	...	16	24	1	—	13	16
Transferred to other statutory care	...	...	...	...	—	—	—	—	3	21
Allowed out on long leave or trial	...	...	...	...	—	—	1	—	15	17
Number to whom granted money allowances	...	...	...	...	—	—	—	—	3	—
Died	...	...	...	...	4	3	2	3	29	19

With regard to out-county patients, there are 54 males received under contract and 38 females, all certified cases. There are 4 voluntary female out-county patients.

The weekly maintenance charge per head for home patients is 2ls., while that for private patients is 3ls. 6d.

Thirty-six patients have parole beyond the estate and 46 within the grounds. There are 7 open-door wards, but of these, 2 only are open to the grounds, the remainder being open to the ward gardens.

Since the visit last year, there have been numerous alterations and improvements to the hospital, one of the most important being the completion of a large occupational block, containing workrooms for both males and females. An arrangement has been made with the County Library whereby 250 books are received at one time, new books being received every 4 months. In this connection, we were informed that in the event of more than 250 books being required, they would be available, and the arrangement appears to work very satisfactorily. A patient performs the duties of librarian.

Much redecoration of wards is now in progress, and new water-mains, supply pipes and fittings are being installed for taking the whole hospital water supply from York Waterworks, to replace the existing bore-hole supply. Also a new floor is about to be laid down in the recreation hall, which is at the same time to be re-seated.

One result of the impending alteration in the system of water supply will be that the existing laundry tank will become unnecessary and it is in contemplation to demolish the tank, and to erect upon the site a new female dormitory for 26 beds.

Another contemplated alteration is the conversion of part of Chestnut Cottage into a club room for the use of the male staff.

As our colleagues pointed out when they visited last year, this hospital is one of the chief centres for occupational therapy in the country, and we, no less than they, have been both pleased and impressed by what is being done in this connection. To see a ward of female imbeciles and epileptics working contentedly and well at a number of handicrafts is remarkable, and the medical and nursing staffs deserve high commendation and congratulation for the splendid results they are achieving. We should like particularly

to congratulate the Medical Superintendent and the committee on the work done in the hospital in occupational therapy.

This afternoon we saw a physical training class of female patients in the recreation hall—they were obviously enjoying the class, and their smart turn out in blue and white uniforms was noteworthy.

A dance and a cinema show is held in the recreation hall each week, and these entertainments are attended by male and female patients in association an arrangement which we were informed works very smoothly and satisfactorily, and which we feel sure is greatly appreciated.

We saw all the patients at present in the hospital and conversed with all of them who desired to speak to us. We gave two private interviews. Except on the score of detention, we received no complaints, and it was clear to us that the relations between the medical and nursing staffs and the patients are of the kind we should expect to find in a really well-conducted mental hospital. There is an air of quiet contentment throughout the wards which speaks for itself.

The after-care treatment arrangements are in the hands of the York and North Yorkshire branch of the Central Association for Mental After-care (secretary, Mrs. Beverley), and we were informed by Dr. Russell that the work done by this branch is most valuable.

There is a matter which particularly struck us during our tour of the wards, and that was the neat and pleasing appearance of the patient's dress and turn out.

In the laundry we noticed that the smaller calender required an additional guard, the nature of which we explained to Dr. Russell.

The general health of the patients since last visit has been good. Amongst the zymotic diseases, there has been only 1 case of enteric fever, which ended fatally in an old woman who was also suffering from cancer of the liver. The infection appeared to have been contracted from an outside source. There were only 4 cases of influenza, and 2 of erysipelas. At our visit we saw 7 cases of tuberculosis, who were being treated by up-to-date open air methods.

The mortality rate for the year ending December 31st, 1935, was 6.3 per cent. (8.5 male and 4.6 female), which compares very favourably with that of 6.8 per cent., the average for all mental hospitals in England and Wales.

Since last visit there have been 76 deaths (44 males and 32 females) and in 60 per cent. of these cases post-mortem examinations were held. The principal causes of death were:—Senile decay 17, heart disease 14, pneumonia 11, cancer 6, and general paralysis 2. It is interesting to note that at the time of death 9 males were under the age of 50, while 25 were over 60, including 2 over 90, while 6 females were under 50, and 22 over 60, including 1 over 90.

During the same period, 2 inquests were held, the verdicts being accidental death and suicide while of unsound mind. The particulars of these cases have been reported to our Board.

Since the last visit 6 serious but non-fatal accidents have occurred (5 female and 1 male), all fractures, one of the thigh, one of the arm, and four of the fore-arm bones. Two of these were due to being knocked down by another patient, and the others were of an accidental character.

Excellent work is being carried out in the pathological laboratory under the supervision of the medical staff. Malarial treatment for general paralysis is carried out here.

The nursing staff is as stated in the report of our colleagues at the time of their visit in January, 1935.

We were accompanied throughout our visit by Dr. Russell, assisted by Drs. Fraser, O'Riordan, and Frew, and we should like to express to Dr. Russell and his staff our thanks for the arrangements made for us.

YORKSHIRE (WEST RIDING) MENTAL HOSPITALS.—I. WAKEFIELD.

May 19th, 1936.

At the conclusion of our two days' visit to this very large hospital, we are filled with admiration at the work being done by Dr. Thomas, the Medical Superintendent, and his medical and nursing staffs, in the face of difficulties which might well daunt the bravest. Overcrowding to the extent to which it exists at Wakefield is fortunately very uncommon, and the methods adopted to alleviate the discomfort inevitable in such circumstances are worthy of praise for their ingenuity, while it is only fair to say that they are as successful as any attempt to achieve the impossible can ever be expected to be. But one problem which becomes well-nigh insoluble under extremely overcrowded conditions is classification of patients, and it has been apparent to us during our tour of the hospital that the present classification is not satisfactory, and cannot be until much more space is available.

There are to-day no less than 2,679 patients (1,282 male and 1,397 female) actually resident in the hospital. Of this total 201 (95 male and 106 female) are voluntary patients, and 12 (1 male and 11 female) are temporary.

It is very interesting to note that during the year ended December 31st, 1935, out of a total of 583 admissions as many as 208 were admitted as voluntary patients (91 male and 117 female) and 36 (13 male and 23 female) were temporary patients. These figures show that the opportunities provided by the Mental Treatment Act for early treatment are being made good use of in this area, and no doubt the work done by Dr. Thomas and his staff at the out-patients' clinics, to which reference will be made later in this entry, is mainly responsible for such an encouraging state of affairs.

In the course of our visit we found 1 patient classified as a voluntary patient, who is an epileptic mental defective, and, in our opinion, this patient should be certified.

During 1935, 289 patients departed or were discharged, of whom 145 had recovered, while 87 patients were allowed out on long leave or trial.

During our tour of the hospital, we saw, we believe, all the patients in residence, and we spoke to all of them who desired conversation. We gave private interviews to 3 patients. We were particularly struck by the complete absence of complaints (except a very few on the score of detention) from patients, and the friendly relationship existing between them and the medical and nursing staffs was very evident—several patients indeed spontaneously approached us and told us how kindly they were treated and how comfortable and contented they were. All the patients who are able to spend the whole day in the ward gardens, where even the meals are served, while those who are confined to bed are placed under awnings in the gardens by day and are taken back into the wards at night. The gardens themselves are extremely attractive and well kept, and are amply equipped with games such as miniature golf courses, tennis, quoit courts, etc. Patients' recreations are notably well provided in this hospital; there is even a women's cricket team, both outside and indoors, and the day-rooms and the tables in the gardens are amply provided with games and puzzles, many of which are constructed in the hospital. Almost all the wards have table tennis tables and all will have them shortly; games of badminton, tennis and net-ball are enjoyed, and in all the wards there are wireless sets and in the men's day-rooms billiard tables.

With regard to the women's clothing, it is satisfactory to know that this matter is under consideration. We believe that if steps were taken to discontinue the making or purchase of garments of types which are hardly ever used by the general population, to vary the colours and improve the shape of socks and stockings, to increase the variety of sizes and to modernise the quality and pattern of underclothing, the patients would be materially benefited. We would point out that many progressive hospitals have introduced individually marked clothing for almost all their patients. To be compelled to wear clothing which is of a duller type and cut than that worn

generally by patients before admission can only emphasize the institutional aspect of the hospital and lessen the self-respect of those who take any interest in what they wear.

In general the wards and day-rooms are very well equipped and maintained, but we noticed in several wards that the doors to the fire exit key boxes were stuck with paint, and that at Stanley Hall the fire exit door is in need of attention. In the female ward No. 6, where there are several epileptic patients, there are no epileptic couches, and we think that provision should be made in this respect, while in female ward No. 29 there was an unpleasant smell in one of the side rooms.

In some cases where, owing to overcrowding, patients are sleeping on the floor, only one mattress is provided, and we were given to understand that the absence of a second mattress is due to shortage.

Our colleagues who visited the hospital last year made observations in their entry with regard to the condition of the central kitchen in the main block and also as to the arrangements for transporting the meals from the kitchens to the wards. In these respects no change can be recorded, but we hope that it will be found possible before long to improve the present unsatisfactory arrangements for keeping food hot on its journey to the wards.

The Medical Superintendent and his medical and nursing staffs deserve the highest praise for the good progress which continues to be made in occupational therapy in the hospital. The existing accommodation is still much too small for a hospital so large as Wakefield, but since last visit an excellent new occupation hut for males has been opened, and it is hoped to provide a similar additional hut on the female side in the near future. We understand also that additional occupation rooms will eventually be provided on the upper floor of the treatment block, and that the necessary adaptations will, it is hoped, be put in hand shortly.

A great variety of activity takes place in the male occupation-rooms: printing, painting, brush-making, the manufacture of a great number of sports requisites and games and the repair, polishing and varnishing of articles of furniture are only some of the many departments. We should, however, like to emphasize how important it is, if full benefit is to be derived from this form of therapy, that both staff and patients should receive every encouragement possible, not only to increase the amount of work done, but also to produce articles of progressively better quality, such as call for higher manipulative skill. It is natural that many patients who have improved should be liable, in the absence of incentive to better work, to weary of the monotony of making, or trying to make, articles which, though useful, are neither the result of any great manipulative skill nor in themselves attractive or interesting. In many hospitals, such incentive is provided by the display and sale of handicraft work done by the patients and by the active encouragement given to patients to make things to give to their relatives and friends. Great pride is taken in articles made or worked for such purpose, and the good effect on the patient is undeniable. Occupation therapy is an invaluable form of treatment, and it should never be regarded simply as a means of producing goods of a strictly utilitarian nature.

Two of the most important alterations at the hospital are the adaptation of the old Board offices for the accommodation of 19 parole patients and the utilization of Hatfeild Hall for the reception of voluntary patients; both these will be actually in operation within a few weeks. The new ward for parole patients is to be called the Crichton Browne Ward, an extremely happy idea and a very grateful tribute to one of the hospital's most distinguished former medical directors. Hatfeild Hall will, we feel sure, prove admirable for the new purpose to which it is to be devoted; indeed it would be difficult to think of any more completely suitable arrangement.

The mortality rate per cent. for 1935 at this hospital was males 9.1, females 6.31, total 7.75. Deaths since last visit number 235, post-mortem examinations having been held in nearly 60 per cent. of the cases. Seven inquests were held, death being recorded as due to natural causes or misadventure in

5 cases (in 2 of which accidental fractures had accelerated the end). One patient died from illness following injuries sustained in an impulsive dive through a window and 1 committed suicide. Serious casualties include 20 fractures, which may be classified as follows:—Males : accidental falls, 3 ; falls in fits, 3 ; sustained in quarrels, 3. Females : accidental falls, 8 ; fall in fit, 1 ; sustained in quarrel, 1 ; spontaneous fracture, 1.

General paralysis of the insane accounted for the deaths of 7 male and 6 female patients. A considerable number of patients are here at present suffering from this disease. Malarial treatment, the value of which is greatest in cases admitted early, is not yet in use, but we hope it will be undertaken.

Tuberculosis was the cause of death of 4 male and 2 female patients ; 9 male and 15 female patients are at present under treatment.

The following figures are of interest :—

	New cases per 1,000.	Deaths per 1,000.
All mental hospitals	6·3	4·6
Wakefield	4·6	1·5

The present X-ray apparatus is cumbersome and while useful for radiography of bone injuries is not very satisfactory for radiography of the lungs.

The medical facilities of the hospital have recently been greatly strengthened by the appointment of consultant specialists in surgery, gynaecology, ear, nose or throat disorders, ophthalmology, medicine, pathology, and tuberculosis, and congratulations are due to all concerned on this excellent advance.

An additional medical officer is to be appointed to the resident staff and in view of the amount of work done we feel that this is amply justified. No less than 7 out-patient clinics are at present attended by members of the medical staff.

In the laboratory steady routine work is done, a great deal of which is concerned with the control of infectious illness. In addition much ground is covered in teaching for the diploma of psychological medicine and investigations are going on in general paralysis of the insane, dysentery, and on the possibility of growing certain spirochaetes. Here, as elsewhere in the hospital, the atmosphere is one of activity.

The nursing care of patients physically ill is in our opinion good.

In concluding this entry, we wish to record our thanks to the Medical Superintendent, Dr. Thomas, to Dr. McGrath, the Deputy Medical Superintendent, to Dr. Wilson and to the other members of the medical staff, for the assistance afforded to us throughout our visit.

YORKSHIRE (WEST RIDING) MENTAL HOSPITALS.—2. WADSLEY.

May 13th, 1936.

We have to-day completed a most interesting and pleasant two-day visit to this hospital, and we should like to thank Dr. Pool, the Medical Superintendent, Dr. Gillespie, and the other members of the medical staff for the assistance given to us, and for the arrangements which were made for our comfort.

Unfortunately our visit began on the day on which Dr. Pool and Dr. Thorpe, the pathologist, were leaving to attend the annual meeting of the Royal Medico Psychological Association, but we had the advantage of Dr. Pool's presence throughout the first morning of our visit, and thereafter of Dr. Gillespie's.

There are to-day a total of 2,173 patients resident in the hospital, 1,017 males and 1,156 females ; 81 patients (48 males and 33 females) are voluntary patients and there are 13 temporary patients (5 males and 8 females). The increase in the number of voluntary patients since last year is a matter for congratulation, and we are glad to see that the tendency to make use of the opportunity for early treatment afforded by the Mental Treatment Act is on the increase.

During 1935 there were :—

	Voluntary.		Temporary.		Certified.		Total.		
	M.	F.	M.	F.	M.	F.	M.	F.	T.
Direct admissions	79	83	20	27	162	169	261	279	540
Admitted on transfer	—	—	—	1	3	5	3	6	9
Departed, etc. (excluding transfers)	72	70	5	11	70	64	147	145	292
Of whom had recovered	45	38	4	8	52	52	101	98	199
Allowed out on long leave or trial	—	—	—	1	62	71	62	72	134
Number to whom granted money allowances	—	—	—	—	22	14	22	14	36
Died	3	4	6	6	68	66	77	76	153

During the tour of the wards and grounds, we saw, we believe, all the patients in residence, and with all who desired we had conversation. Private interviews were given at their request to 12 patients.

Relations between the medical and nursing staffs and the patients are obviously most friendly. We received no complaints except such as were due to the mental condition of the few patients who made them, and we are confident that most kindly care is bestowed on the patients throughout the hospital.

The wards are maintained in good order and the day-rooms were well supplied with flowers and plants. There is a wireless in each ward, either a loud speaker connected with a central set, or a portable set, and in this connection it is interesting to note that it is proposed ultimately to provide all the wards with portable sets, an alteration which in our opinion will be an improvement. Patients' recreations and amusements are well catered for—out of doors there are tennis courts and a net-ball court for the patients, and a cricket and sports ground, while indoors, apart from the usual games and books, etc., in the wards, talking picture shows are held twice weekly in the recreation hall, there is a dance each Saturday, for which the music is provided by two staff bands, and there are concerts held during alternate weeks. We saw in the recreation Hall a physical training class of 22 men, the patients being smartly turned out in white shorts and singlets and we were very glad indeed to hear that physical training for both sexes is now a regular and valued form of therapy in the hospital.

A good beginning has been made in occupation therapy, but at present the accommodation available is inadequate for this work. Improvements in this respect are now being made. There is much scope for extension of this form of therapy in the hospital, and although what has been done already is a matter for congratulation, we hope that next year will see occupation therapy practised on a much larger scale than it is at the moment.

The kitchens are in excellent order, as is the bakery, the butchers shop and the stores. An interesting and valuable feature of the bakery is the mechanical system of handling flour, no flour being touched by hand at any time after it enters the bakery until it leaves in the form of loaves of bread.

Important alterations to the laundry are in progress, and when these are completed there will be a completely separate entrance for foul linen. The alterations will moreover make for a much improved general lay-out and in addition it will be possible to provide for the first time an adequate room for the staff employed at the laundry. A new steam press for the laundry is now on order. The old isolation hospital is being adapted as a villa for the accommodation of 32 patients, and will be ready for occupation in some 6 weeks time. This addition to the available accommodation will be most valuable and the villa when completed will be both attractive and convenient.

A new playing field is under construction, a work which is much needed, and one which, owing to the different nature of the ground, will take some considerable time to complete. But excellent progress has been made since work was started some 18 months ago, and it is hoped that within 3 years the new field will be available for use.

We observed that there is no second exit to male ward 1A, and we should like to suggest that the provision of an outside staircase here would be a convenient method of dealing with the defect.

The strength of the nursing staff is substantially the same as it was at the time of our colleagues' visit last year, though the night staff is now 48 as against 40 12 months ago. Ninety-six male nurses and 66 female nurses are certificated or registered as mental nurses and 27 men and the same number of women have passed the preliminary examination. We were interested to hear from Dr. Pool that he has instituted a general educational examination for candidates for posts on the nursing staff of the hospital, and we feel that this is an innovation which is likely to prove very valuable.

We were shown a number of trophies which had been won by the nursing staff in competition with other mental hospital staffs in the West Riding, and we are glad to take the opportunity of congratulating them on their success in so many and diverse forms of sporting activity.

The mortality rate for 1935 was, males 7.9 per cent. and females 6.7 per cent., total 7.2 per cent., which is slightly higher than the rate for all mental hospitals (total 6.8 per cent.) over the same period. Since last visit there have been 111 deaths, post-mortem examinations having been carried out in 64 per cent. There have been 4 inquests. Three of these, concerned with 2 deaths following accidental falls and 1 from pneumonia, call for no special comment. The fourth was upon an elderly patient in frail health who had sustained a fracture of unknown cause during the night—there was no suggestion of negligence in this case.

Eight women patients have sustained fractures (accidental falls 6, disagreement with another patient 1, spontaneous 1) as have 6 men (accidental falls 3, disagreement with another patient 1, spontaneous 1, epileptic fall 1).

General paralysis figures among the causes of death—males 7, females 10, since last visit. Patients are treated now by electrically induced pyrexia—the apparatus has not been long in use but it is found easy to manage. Temperatures in the neighbourhood of 105° are reached in 2 or 3 hours; the pyrexia is repeated twice weekly. One patient so treated has been discharged apparently recovered and others are improving. One patient whom we saw under treatment did not seem disturbed in spite of the degree of temperature reached at the time. This method, used in America, is comparatively new in this country—it will be interesting to compare the results with those of malaria treatment.

Epidemic illness has not reached serious proportions since last visit. An old enteric patient was suspected as the source of 2 out of 3 enteric cases last autumn. There have been 2 cases of dysentery, 6 of influenza, 7 of erysipelas, 11 of pneumonia, and 1 of scarlet fever. One female patient and 3 members of the female nursing staff had diphtheria. Apart from scabies, which is actively treated, and tuberculosis, there is no infectious illness at present. Tuberculosis was responsible for the deaths of 9 patients (4 male and 5 female).

The following figures may be of interest :—

					New cases per 1,000 population.	Deaths per 1,000.
All mental hospitals	...	...	...	...	6.3	4.6
Wadsley...	...	...	...	...	6.2	5.2

Too much stress should not be laid on the figures which are liable to vary from year to year, but the question of tuberculosis is of interest in this district, where figures tend to be high. Of 59 tuberculosis cases last year, 18 had a history of illness before admission, but 2 were found to have the disease on admission. The duration of illness among these cases was as follows :—Under 6 months, 8; 6 months to 1 year, 6; 1 year to 2 years, 9; over 2 years, 36. Figures of this sort are not easy to obtain as a rule, and the fact that

they were quickly available for us shows the care given to the study of tuberculosis.

Another point is the laboratory examinations for tubercle bacilli in faeces, where sputum results are not obtainable or are negative. Some cases have been diagnosed by this means which would otherwise have remained in doubt, we understand.

A considerable amount of routine work is carried on in the laboratory. In addition research is going on into Vitamin C tolerance and excretion; the research is as yet incomplete but suggests possibilities of relationship between diet and the vague ill-health from which many patients are found on admission to suffer.

The treatment of epilepsy by diathermy and detailed physical examination from an endocrine point of view with anthropological measurements are clinical studies now in progress.

A new X-ray apparatus has been provided and should prove to be a great asset.

We were impressed by the very careful investigation and thorough treatment given to those physically ill. We are glad to hear that a number of new consultant specialists have just been appointed.

Those in bed numbered approximately 11 per cent. of the total resident of each sex, the majority suffering from physical illness or the disabilities associated with old age. They were, we thought, comfortably cared for, and so far as their mental state permitted on good terms with their nurses.

We realize that improved methods of dealing with mattresses in the upholsterer's shop and in the laundry are under consideration—in the meantime we hope some means will be devised of keeping mattresses and pillows more hygienically after cleaning and before their return to the wards.

When considering the clothing we were fortunate to be able to discuss some of the garments with members of the committee who are specially interested in clothing.

We hope that it will be found possible to give up making new underclothing of a type not used at all outside institutions, to vary the size and material of nightdresses, and to encourage the use of individually marked clothing. We appreciate what has already been done to improve the clothing.

In the female convalescent villa a portable stand for dresses upstairs would be an advantage, and we feel sure that some chairs in the dormitories would be appreciated by the patients.

Examination would reveal a considerable number of mental defectives of both sexes. This fact is appreciated here, and pending the provision of much needed accommodation elsewhere, careful teaching is given in the school by members of the staff who have been enabled to see methods of teaching at the local special school, and by voluntary helpers.

Young schizophrenics are included in the class, and progress records are kept. Of 14 boys and 13 girls, up to the age of 16, whom we saw to-day, the majority were low-grade imbeciles or idiots, and approximately half were epileptic.

In the course of our visit we were fortunate enough to meet Councillor Unwin, Chairman of the West Riding Mental Hospitals Board, Alderman Mrs. Tebbutt, Chairman of the Visiting Committee, Councillors Mrs. Green and Mrs. Birch, and Councillors Williams, Barber, and Jeffries. With these ladies and gentlemen we took the opportunity to discuss many matters of interest.

YORKSHIRE (WEST RIDING) MENTAL HOSPITALS.—3. MENSTON.

May 15th, 1936.

We have just concluded our visit, lasting over two days, to this hospital, and we have been glad to observe that many of the recommendations made by our colleagues at their visit last year have been adopted.

At the time of our visit there were in residence 958 males and 1,048 females, making a total of 2,006 patients, of whom 53 (26 male and 27 female) are

voluntary and 6 (3 males and 3 females) are temporary patients. There is thus overcrowding to the extent of 185 patients (56 male and 129 female) by day, and 178 (39 male and 139 female) by night, a matter which must necessarily cause anxiety.

The proportion of voluntary patients is encouraging, and is due no doubt to a great extent to the work done by Dr. Walker at the out-patient Clinic at Bradford, but it is somewhat disappointing to find that the proportion of voluntary admissions tends to rise but slowly. That there are in residence only 6 temporary patients points to the fact that the provisions of the Mental Treatment Act are still unknown to the majority of the general practitioners and public assistance and relieving officers in the area, and we hope that it may be found possible to make further attempts to bring to their notice the relevant provisions of the Act.

During 1935 there were :—

	Voluntary.		Temporary.		Certified.		Total.		
	M.	F.	M.	F.	M.	F.	M.	F.	T.
Direct admissions ...	30	40	2	13	154	173	186	226	412
Admitted on transfer ...	—	—	—	—	4	7	4	7	11
Departed or discharged (excluding transfers) ...	22	33	—	2	71	74	93	109	202
Of whom had recovered ...	10	18	—	1	39	33	49	52	101
Allowed out on long leave or trial ...	—	—	—	—	37	36	37	36	73
Number to whom granted money allowances ...	—	—	—	—	6	2	6	2	8
Died ...	1	2	—	3	66	65	67	70	137

During our tour of the hospital we saw, we believe, all the patients in residence, and we received few complaints except on the score of detention, such complaints as were made to us being in our opinion due to the mental condition of the complainants. At the time of our visit the weather was warm and sunny, and almost all the patients who were not employed or in bed were in the airing courts. On the male side many of the patients were occupied in cultivating the ward gardens, while others were playing bowls, cricket and other games.

Recently physical training classes have been inaugurated on both the male and female sides, and we saw this morning squads of male patients being trained in the recreation hall and in one of the airing courts. We learned that classes are held daily and that there are classes in all suitable wards. The female patients are provided with suitable clothing for physical training, and we much hope that it will be found possible similarly to equip the male patients in the near future. We regard the introduction of physical training into the hospital as a most important and valuable innovation, and we were glad indeed to see that so much progress has already been made.

Since the last visit a hut for occupation therapy on the male side has been provided, and here 28 patients were engaged in various forms of cabinet making, joinery, tin-smithy, etc. In the occupation department for women 26 patients were at work. A considerable proportion of both the male and female patients had not previously occupied themselves, and some of them were of a very dull type. It is satisfactory to know that the occupation department is being used to help patients of this kind and that the object of trying to produce a progressive improvement in the adaptability of the patient for life outside, or where that is not possible, for an active part in the life of the hospital is kept in mind. The spread of such an outlook throughout the wards would do much to benefit the patients.

The wards and day-rooms generally are well maintained and in good order, and there is an adequate supply of plants. In some of the wards, however, the floors are very worn and uneven, and they are dangerously slippery. This condition may be due partly to the unevenness of the wood blocks and

partly to the polish used, and, as the cheaper alternative, we suggest that a different polish might be tried in order to see if the present dangerous slipperiness is thereby diminished.

In ward 15, there is an unpleasant smell in one of the strong rooms, and we hope this will be remedied.

In most of the wards the address of the Board of Control shown on the ward notices needs correction.

Two male wards and 1 female ward are open to the grounds, and 2 male and 3 female wards are open to the ward gardens; 66 patients (45 male and 21 females) enjoy parole beyond the estate, while 50 males and 2 females are allowed parole within the grounds. As has already been mentioned, a new occupation hut has been erected since last visit on the male side, and a similar hut is in contemplation for the female side. A good deal of redecoration has been done since last visit, and electric light has been installed in many of the blocks and residences and in the main male corridors, while an internal automatic telephone system is in process of being completed.

A recent and valuable innovation is a shop where patients can make purchases, and this we were informed, and readily believed, is very greatly appreciated.

We note that among the works in contemplation is the replacement of lavatory basins on the female side. This is much needed, and we wish that the modernisation of the sanitary annexes on both sides were also in immediate prospect. These annexes, as has previously been reported, are obsolete in type, and are unhygienic.

The laundry is in good order, and since last visit a gladiron and a new steam press have been provided, while the installation of electric irons is in contemplation. For the patients' recreation there are wireless sets in many of the wards, and dances and talking picture shows are held weekly in the recreation hall, the music being provided by the staff band. There is a patients' cricket team, and this summer matches are being arranged with teams of patients from other mental hospitals. There is an adequate supply of books in the wards, the books being changed fortnightly, and the library is in particularly good order.

We had conversation with all the patients who desired to speak to us, a large number, and to 2 patients we gave private interviews.

We were glad to see the improved style of dresses for the female patients, but thought that in the case of some of the men the clothing might well have been neater and less institutional in character. We were able to discuss clothing in general with those concerned, but as the whole matter of women's clothing is under consideration we think nothing need be said here except that it is satisfactory to know that the need for modernization of under-clothing is kept in mind.

The mortality rate for 1935 was male 7.16, female 6.93, total 7.04, which is slightly above the rate for all mental hospitals over the same period.

The number of deaths since last visit was 201, post-mortem examinations having been carried out in approximately 58 per cent. of these. Inquests were held in 3 cases; in 2 injury had been sustained before admission, and in the third death was due to natural causes. Twenty-three patients (18 male and 5 female) died from general paralysis of the insane. Malaria treatment is to be undertaken again shortly here.

Tuberculosis accounted for the deaths of 6 males and 4 female patients. The present X-ray plant does not enable the staff to take satisfactory chest pictures. We were interested to hear of research work now being undertaken by Dr. Russell on serological findings in tuberculosis and syphilis. Those at present under treatment for tuberculosis are 27 (males 15 and females 12).

Other laboratory work has included considerable investigation in regard to dysentery (2 female cases since last visit) and enteric fever (almost all female patients have had blood tests in a search for carriers, we understand—there have been no cases since last visit). One female patient had diphtheria, and some members of the staff not living in the hospital. The investigation

of abortive infection in the cattle, and tests of milk and water are also undertaken. Epidemic illness other than that mentioned includes scarlet fever 2 cases, and erysipelas 6 cases.

The mortuary viewing room was arranged with care, and on the whole the arrangements are satisfactory, but we think that the use of a shell instead of a sheet as at present would mitigate the harshness of the impression of death upon visitors to the viewing-room. The analysis of fractures sustained is as follows: Total 18: males 3 (accidental fall 1, sustained in disputes between patients 2); females 15 (accidental falls 13, fall in a fit 1, dispute between patients 1).

Many of the patients in bed were nursed out of doors. The provision of bed-jackets is steadily being extended. Night shirts are provided for all male patients, and we hope it will not be long before they are worn by all. There is room for improvement in attention to detail of personal hygiene and cleanliness in the nursing of male bed-ridden patients.

It is very satisfactory to hear that a grant has been made for a medical library, and that a provisional list of books has been chosen.

During our visit we were glad to meet Alderman Titterington, the Chairman of the Visiting Committee, with whom we took the opportunity to discuss many matters of interest.

We should like to thank Dr. Walker and the members of his medical staff for the assistance afforded to us throughout our tour of the hospital.

YORKSHIRE (WEST RIDING) MENTAL HOSPITALS.—4. SCALEBOR PARK.

May 20th, 1936.

At our visit to this hospital to-day, we found in residence 210 patients. 131 ladies and 79 gentlemen. Of this total, 40 are voluntary patients (28 ladies and 12 gentlemen) and 5 (4 ladies and one gentleman) are temporary.

During 1935, direct admissions numbered 140 in all, of whom no less than 74 were voluntary patients and 25 temporary. These figures are very satisfactory indeed, and it is gratifying that so much use is being made of the opportunity for early treatment afforded by the Mental Treatment Act.

We saw all the patients in residence, and with most of them had conversation. Two gentlemen were given private interviews. We received no complaints which were not obviously due to the mental condition of the complainant, and we are confident that the patients here are most kindly and sympathetically cared for.

The wards and day-rooms are attractively furnished and in excellent order, while the supply of plants and flowers throughout the hospital leaves nothing to be desired. On the gentlemen's side, new racks for clothing are being put up, and these should make easier the care of garments and help to prevent crumpling and disorder. We were able to discuss with Dr. Gilmour the care of tooth-brushes, and are glad to know that the practice of keeping a number of brushes together in one mug will not be continued. Some of the medicine cupboards, too, are in need of adaptation to provide storage for poisons apart from other medicine.

Another small, but important need, is the provision of bags, rings or separate marking to ensure that each patient has his or her own table-napkin; the present method of relying on the memory of the staff on this point is said to be satisfactory, but some form of marking would be more reliable.

Since last visit 14 patients have had influenza, 5 have had pneumonia, 1 has had erysipelas, while one member of the staff has had scarlet fever.

The patients whom we saw in bed to-day were comfortably nursed, but we would suggest that the provision of bed-jackets for those without them would benefit the sick and interest the patients who helped to make them.

The careful physical investigation, the psychological study and treatment of those who are capable of making any response to it, and the friendly confidence shown by the patients generally in their doctors here must contribute greatly to their recovery or improvement. Since last visit a valuable

addition to the patients' amusements has been made by the installation in the Recreation Hall of talking-picture apparatus. In this Hall dances are held weekly, and there are also concerts and card parties.

The laundry, which we visited, was in good order, and both the calender and the hydro-extractor are now well protected.

An innovation in many of the side rooms on the male side is the substitution of efficient, but light and rigid, fire-guards for the heavy pattern formerly in use. The new guards are a great improvement and considerably enhance the general appearance of the rooms.

In conclusion we should like to express to Dr. Gilmour our thanks for the assistance so readily given to us, and for the arrangements made for our comfort.

YORKSHIRE (WEST RIDING) MENTAL HOSPITALS.—5. STORTHERS HALL.

21st August, 1936.

We have to-day completed an interesting and pleasant visit to this hospital, and we should like to record our appreciation of the assistance given to us by Dr. C. W. Ewing, the Medical Superintendent, by Dr. N. McE. Montgomery, and by the other members of the medical staff. Dr. Ewing is recovering from a serious illness, and we wish him a speedy return to complete good health.

There are resident in the hospital 2,154 patients, 1,033 M. and 1,121 F., of whom 16 M. and 4 F. are voluntary patients, 4 F. are temporary patients, and the remainder detained under certificate. During 1935 there were:—

					Voluntary.		Temporary.		Certified.	
					M.	F.	M.	F.	M.	F.
Direct admissions	...	...	...	...	19	15	2	8	130	163
Admitted on transfer	...	...	...	...	—	—	—	—	3	2
Departed or discharged (excluding transfers)					10	11	—	2	58	82
Of whom—										
(a) had recovered	...	...	...	...	6	6	—	2	42	56
(b) dealt with under S.25/1890	...	...	...	...	—	—	—	—	2	—
Transferred to other statutory care	...	...	...	...	—	—	—	—	4	2
Allowed out on long leave or trial	...	...	...	...	—	—	—	—	43	64
Number to whom granted money allowances					—	—	—	—	4	4
Died	...	...	...	...	1	2	2	—	79	88

The proportion of voluntary and temporary admissions is therefore low, and to some extent this is to be accounted for by the unfortunate reluctance of the municipal and public assistance hospitals in the area to avail themselves of the services of the medical staff of the mental hospital as consulting psychiatrists.

Out-patient clinics are held at the Royal Infirmary, Huddersfield, and at the mental hospital, and it is hoped to inaugurate another clinic at Halifax in the course of the next few weeks.

In the course of our visit we saw we believe all the patients in residence, and with many of them we had conversation. We were very pleasantly impressed by the absence of complaints and by the good relations evidently existing between the medical and nursing staffs and the patients. Much attention is devoted to recreations, and on the male side there are in the appropriate seasons both cricket and football teams. Talking-picture apparatus is installed in the beautiful recreation hall (at present being re-decorated), and here also are held concerts, dances, etc., while there is a good male-voice choir and a staff band. Charabanc outings to the seaside are frequent, and yesterday the first of a number of charabanc drives for epileptic patients took place. This is an innovation which we regard as of great value, and we are sure that such interludes in institution life are very much appreciated by patients of both sexes.

A good feature of the dietary of the hospital is the plentiful provision of green vegetables, but with regard to the question of dietary generally we feel bound to record our great disappointment that the recommendations made by the medical superintendents of the West Riding Hospitals with regard to the adoption of a 4-weekly dietary are still said to be under consideration by the West Riding Mental Hospitals Board, and we cannot but feel that the question is not being treated with the serious attention which it so urgently calls for. The existing dietary, compared with that of the greater number of other mental hospitals in England and Wales, cannot be said to be satisfactory.

Dr. Ewing is to be congratulated on the excellent work which has been done since last visit in connection with occupation therapy, and we were particularly pleased to see that attention is being paid to this valuable form of treatment specially in the case of the more degraded patients. The refractory wards on both sides of the hospital have their own small occupation rooms where, on the male side, jig-saw puzzles, coat hangers and similar articles are made, and in the female ward, bunting for decorating the hospital is being prepared. There is an occupation room, too, in the male acute hospital where good work is done, and we saw the site being prepared for a new occupation hut to accommodate 40 patients of either sex. While therefore there is still great scope for further extension of the work, a really good beginning has been made.

A real feature of the hospital is the ward gardens on the male side. These gardens are made, planted and tended by the patients themselves, and we have nothing but the warmest praise for the results achieved. The effect on the patients cannot but be excellent, and the attractive and colourful effect produced is admirable. It is hoped, in the near future, to extend this form of activity to the female side also.

By no means the least branch of occupation work here has been and is the planting of 15,000 young trees each year as part of a re-afforestation scheme, and a large number of patients are employed about the farm and grounds, and in the excellent printing and book-binding shop, and in the other shops and stores.

The wards and day-rooms generally are in very good order, and the latter had an adequate supply of flowers and plants. In most of the former, we noted with pleasure the provision of screens between beds, which give much-prized privacy to the better patients, and bedside lockers of a good pattern. In Wards M.5 and M.5A and in two of the female wards also in the Acute Hospital there are no smoke doors to the stone stairs at either end, and these we think should be provided. We should also like to suggest consideration of the question whether in the side rooms, in at any rate some of the wards, handles might be fitted to the inside of the doors, so that the latter can be opened from inside.

The sanitary annexes were in general very well kept, but in this connection we noted that neither tooth powder nor paste is supplied to patients. This is an omission which should be remedied as soon as possible.

Since last visit a number of alterations and improvements have been made. New verandahs have been provided in male wards 1 and 3 and in female wards 1 and 3, an automatic telephone system has been installed, in the main kitchen new bakers' ovens, a new food mixer and a new refrigerator are in use, while for the central kitchen in the acute hospital an electric fish fryer, a food mixer, and a refrigerator have been provided. The more important works in hand include the new occupation hut, to which we have already referred, the re-decoration of the recreation hall, a new joiners' shop, and extensions to the nurses' residence.

The kitchens and laundry are generally in good order.

Three wards on the male side, and the farm residence, and two wards on the female side are open to the grounds, and 3 male and 4 female patients

enjoy parole beyond the estate. Within, but not beyond, the estate 108 men and 3 women have parole.

With regard to maintenance costs, the weekly charge for private patients is 26s. 10d. a head, that for home patients is 21s. 7d., while the weekly average maintenance cost as last ascertained is 18s. 11½d., which is on the low side.

The mortality rate per cent. for 1935 was 7·9. The proportion of senile patients remains high, and we estimated that approximately 60 per cent. of the female patients in bed at the time of our visit were suffering from enfeeblement associated with senility.

There has been no enteric fever since last visit. Dysentery was responsible for the death of one male patient, while a total of 6 male and 3 female patients had dysentery during the period, the last cases having been in June this year. These cases were traced to carriers who are now segregated.

Three male and 4 female patients died of tuberculosis, and the number of new cases of this disease notified per 1,000 in this hospital for 1935 was 4·1, as compared with 6·3 in all mental hospitals: the deaths were 2·3 per 1,000 as compared with 4·6 in all mental hospitals. Two male and 3 female patients are at present under treatment for this illness, which is a very low figure.

Very many patients suffering from physical or mental illness are nursed in verandahs in excellent conditions, and the nursing care and attention given to them appeared to us to be very thorough.

Since last visit inquests were held on three patients, one having died from tetanus resulting from injuries sustained before admission, one from illness, and one from accidental choking while eating. It was reported to us that during our visit a patient had died as the result of a suicidal act, and an inquest is to be held. This patient had not been regarded as suicidal for over a year.

Fractures were sustained by 4 female and 2 male patients, all as the result of accidents, while 2 female patients sustained dislocations, one having been due to a fall during a fit, and the other to a push from another patient.

The case records which we saw were carefully kept, and the medical care of the patients, so far as we observed it, reached a high standard, diagnosis and treatment being considered with active interest and friendly confidence, so far as the mental state of the patients allows, prevails between them and their doctors.

We offer our congratulations to Dr. Bruce on his work on Blood Platelets, which gained the Bronze Medal and prize of the Royal Medico-Psychological Association. Dr. Alexander is engaged on other work upon the blood.

A considerable range of routine work is carried on in the laboratory, which is obviously a most useful adjunct to the hospital. Well established old methods are in constant use and new methods are not neglected. A colorimeter has recently been purchased for greater accuracy in a variety of tests.

We understand that the extensions to the nurses' residence will be opened in a few months' time, and from what we have seen of the existing arrangements in the hostel, we are sure that the new accommodation will be of the greatest benefit to the Nursing Staff.

YORKSHIRE (EAST RIDING) MENTAL HOSPITAL.

September 9th, 1936.

At our visit to the hospital to-day, there were in residence a total of 638 patients, 312 males and 326 females of whom 7 males and 4 females are voluntary patients, while the remainder are detained under certificate.

It is disappointing to find that the benefits conferred by the Mental Treatment Act, 1930 are still almost entirely ignored in the area served by the hospital, and we can but record our concern at the indifference apparently shown by relieving officer and medical practitioner in the East Riding in this connection.

During 1935 there were 85 direct admissions (43 male and 42 female) of whom 7 males and 17 females were voluntary patients. One male temporary patient only was admitted; 49 patients were discharged during the same period (21 male and 28 female), 5 male patients and 13 females being in the voluntary class, and there were 45 deaths—26 male and 19 female.

During our tour of the wards we saw, we believe, all the patients in residence, and found them particularly quiet and orderly, and there is a friendly and homely air throughout the hospital which is most pleasing. We had abundant evidence of the good relationship existing between the patients and the medical and nursing staffs, and many patients spontaneously told us how comfortable they were, and how kindly they were treated.

Both day-rooms and dormitories are in general very well maintained and kept, and on the female side there is a satisfactory supply of plants and flowers.

On the male side, however, more could, we feel, be done in this respect.

On the female side we suggest that some augmentation of the present supply of newspapers and periodicals is very desirable. In this connection, we noted with very much pleasure the abundant supply of books in the wards, and the good condition in which they were kept.

Since last visit the installation of electric light has been completed, and the form of lighting adopted for the day-rooms we consider admirable. In female wards 6 and 7 new and very comfortable arm chairs have now been provided.

The clothing provided for female patients is exceptionally good, modern in design, and pleasing in cut and pattern. This clothing, as well as that of the male patients, is made in this hospital—a matter which reflects much credit on all concerned. Patients, in possession of them, are allowed to wear their own clothes, which is very satisfactory: but we think, with regard to the clothing supplied by the hospital to male patients, that some variety might with great advantage be introduced. A supply of coat-hangers is much needed on both sides of the hospital, and these, we suggest, might easily and cheaply be made on the premises from plywood, or from such things as old tea chests.

We were very glad to see that glasses and cups and saucers are in use throughout the wards, and another point which we noted with satisfaction was the general supply of hand towels.

A matter which calls for early attention is the provision of modern water closets on the floor above wards 6 and 7 (female side), near the sewing-room. The present closets are old, and from the unpleasant smell, probably defective.

Very good progress has been made on the female side in occupations, and in addition to the work done in the small occupation room, much is done in the wards themselves. Rugs, slippers, scarves, knitted goods of many kinds, and a variety of other articles are made, and as many as 135 female patients are now engaged in one or another form of handicraft work.

A most important innovation on this side is a physical training class, which is taken by instructors from outside twice weekly. The class at present numbers 14, but it is hoped gradually to increase the strength.

On the male side it is true to say that practically every man who is physically able is employed in or about the hospital, and we were told that in fact the demand for labour exceeds the available supply. In these circumstances the scope for the introduction of handicraft work on this side is necessarily very limited, but we noted with satisfaction that male patients are encouraged to take up hobbies of their own. A very pleasing feature on the male side of the hospital are the ward gardens, which are particularly well kept, and which to-day were very attractive indeed.

Since last visit the kitchen, which we found to be in very good order, has been reorganized. Only experience can show whether the reorganization will prove to be entirely satisfactory. As our colleagues, who visited the

hospital last year, said in their report, a mixer and a fish fryer would be extremely valuable additions to the kitchen equipment.

In the laundry 2 new hydro-extractors have been provided, and this department is now well equipped. But it is certain that before very long the reorganization of this department will have to be considered, as, in our opinion, the existing arrangements by no means make the best and most economical use of the available space.

In the dining and recreation hall there is still only a silent film installation, and we earnestly hope that in the very near future the Committee will feel able to incur the expenditure necessary for the provision of talking picture apparatus. Few hospitals in the country are now without this amenity, and the pleasure which patients derive from it is remarkable.

The dietary at the hospital is generous and well varied, and the supply of green vegetables and fresh fruit is very satisfactory. The present average weekly cost of maintenance is 18s. 8½d.

During 1935 the average number of patients in residence was 640 (299 M. and 341 F.) while the mortality rate for the same period was 7 per cent.—9 per cent. in the case of males and 5 per cent. for females.

Since last visit 41 deaths have occurred, and in no less than 39 of these cases post-mortem examinations were conducted—a most satisfactory figure. The chief causes of death were tuberculosis 3, general paralysis 3, organic brain disease 6, heart disease 10, and pneumonia 4.

There have been no inquests during this period.

Two cases of dysentery occurred during the early part of this year, but there were no further cases, and at present there are no cases of this disease in the hospital.

There is but one case of tuberculosis at present. This man is adequately isolated and is in receipt of careful and kindly nursing. In this connection it appears to us that throughout the hospital the nursing is of a high standard.

There have been 4 cases of fractured bones since last visit, all accidental in origin, and 1 case of a patient severely injuring her hand by striking a window pane.

The nursing staff comprises 7 M. and 7 F. charge nurses, and 40 ordinary nurses of either sex, of whom 7 of each sex are on night duty; 28 male nurses and 8 women are certificated or registered nurses, and 22 (10 M. and 12 F.) have passed the preliminary examinations only.

The annual hospital sports were held this afternoon, and it was an unexpected and very pleasant experience for us to visit the ground and see both patients and staff so happily associated in the pleasures of the afternoon. We should like to take the opportunity of congratulating Miss A. Y. Brodie, the matron, and Mr. E. A. Hammond, the head male attendant, as well as all others who were responsible, for the excellent arrangements made. The annual sports mean a great deal of preparatory work, and this afternoon showed us how well that work must have been done.

While at the sports, we were glad to have the opportunity of meeting Sir Godfrey Macdonald of the Isles, Clerk to the E. Riding County Council and to the Mental Hospital Committee.

To Dr. Davies, the medical superintendent, we wish to express our thanks for the assistance and information given to us during our visit, and for the arrangements which he was good enough to make for our comfort, and to him and to the Committee we offer our congratulations on the progress which has been made in the hospital during the past year.

CITY OF BIRMINGHAM MENTAL HOSPITAL.—WINSON GREEN DIVISION.

February 27th, 1936.

The past two days have been spent in visiting all parts of this hospital. Dr. Forsyth, whom we were glad to find restored to health after his long and serious illness, and his deputy, Dr. O'Reilly, have accompanied us in our visit to the wards and we are grateful to them for their helpful attitude. We were

glad also to have had an opportunity of discussing with Dr. Graves, who has come over from Rubery Hill each day and visited the wards with us, what in our opinion are the two outstanding matters in connexion with the hospital to which the attention of the Visiting Committee should be drawn.

We refer in the first place to the disappointing figures relating to patients benefiting from the provisions of the Mental Treatment Act (1930) and in the second to the absence of occupational treatment. These are both matters to which reference has been made in the previous reports of our colleagues on more than one occasion. It is a matter of concern to us that these previous reports have apparently borne so little fruit.

During 1935 there were 189 direct admissions and of these 29 came in as voluntary patients and 3 only on a temporary basis, whilst there are now only 16 voluntary and no temporary patients out of a total of 1,095 (496 men and 599 women) in residence. These figures demonstrate how inadequately the provisions of the Mental Treatment Act, particularly Section 5, are working in the area served by the hospital. We feel there should be far closer co-operation with the Public Assistance Committee in this matter as we notice that of the 189 direct admissions no fewer than 99 came from the Public Assistance Institution. In many areas the relieving officers have helped to work the Act materially by bringing its provisions to the notice of the general practitioners. We would also remind the Committee of the Board's Circular relating to Temporary Patients issued in January, 1935.

The use of occupational treatment in mental hospitals has become so widespread in recent years and has had such beneficial results that it is most disappointing to find that hardly any such treatment exists in a hospital of one of the largest authorities in the country. Occupation Therapy has proved of value both in the treatment of early cases and of those of the more protracted type. Its working can now be seen in many hospitals in various parts of the country and in particular in one hospital in which Birmingham cases are boarded out. Perhaps it would be possible for Dr. Forsyth and some members of the Visiting Committee to visit this hospital and to see for themselves how valuable this treatment really is. We should also like to see the introduction here of regular physical exercises for certain types of patients.

Since last visit a number of improvements to the structure of the hospital have been carried out. The sanitary blocks in F.4 and 5 have been modernized and we are glad to hear that plans are under consideration to modernize other sanitary annexes which are in need of being brought up to date.

The Glenthorne Convalescent Home has been greatly improved. Electric light has been installed and also central heating. The rooms have been repaired and re-decorated throughout and the Home is now a most delightful unit.

Further improvements to the main hospital are under contemplation and we were particularly glad to hear that it is proposed to enlarge the kitchen which is at present too small for its purpose and somewhat inconveniently arranged.

Whilst the hospital is having these and other alterations made we hope that it will be possible to arrange space for even a small canteen where patients and staff can purchase small articles. Any profits could be used for patients' comforts. Another innovation which we would like to advocate is the provision of a room for hairdressing on the female side. We have noticed the need for more attention to the hair dressing of female patients and we know of no better way of securing this than the provision of a special room in the charge of one attendant who is proficient in hair cutting and waving.

We believe we have seen all the patients in residence except a party of 10 females who were out at the Cinema and who reside at Glenthorne. They were free from complaints on the whole and those in the better wards were quiet and well-behaved. There were, however, some very noisy patients in the more turbulent wards who were being nursed in side-rooms. We think that in all these cases where their condition necessitates the patients being nursed on the floor they should be provided with two mattresses.

The wards were comfortable and well furnished and in some cases have been recently re-decorated in charmingly bright colours. We were glad to see so many flowering plants and growing bulbs in the dayrooms and sick dormitories. We would like bedside lockers added to the sick dormitories and lockers for private possessions in the wards occupied by the better types of patient. Another feature of the wards which impressed us favourably is the provision of an excellent selection of framed posters on the walls.

When we were at the annexe we also visited the nurses' home which has many excellent features but we should like to suggest the addition of some pictures and other comforts to make the sitting rooms more homely.

In addition to the 1,095 patients in residence 2 men and 1 woman are out on leave or on trial giving a total on the statutory books of 1,098. Of these 62 men and 9 women (54 of the former being service or ex-service men) are private patients.

On the figures before us overcrowding exists only on the male side at night to the extent of 25 patients.

The weekly maintenance charge for rate-aided patients is 21s. 7d. and for private patients from 31s. 6d. to 42s. The average weekly maintenance cost is 25s. 10d.

Parole is given on a generous scale, 35 men and 12 women having parole beyond the estate and 307 men and 317 women within the grounds.

The nursing staff consists of 10 men and 15 women of charge rank, 53 men and 57 women ordinary nurses and 9 men and 11 women who act as night nurses. Sixty men and 33 women are certificated or registered as mental nurses and 8 of each sex have passed the preliminary examination.

For 1935 the mortality rate was 5·4 per cent. Since our colleagues last visit 29 deaths have occurred ; it is gratifying to note that postmortem examinations were made in 25 cases. Inquests were held on 4 deaths. In two cases the verdict was that death was due to misadventure. In another a verdict of accidental death was returned, and the remaining case one of suicide whilst of unsound mind.

Four patients only have sustained serious casualties. Three were caused accidentally and the other was an injury to the hand received during an altercation with another patient.

The hospital has been almost free from epidemic diseases during the last 7 months. In November last there was one new case of dysentery. One other patient was notified as suffering from diarrhoea but the bacteriological findings were negative.

The miscellaneous returns for 1935 sent to our Board show that at the end of the year there were 43 patients receiving special supervision with regard to their suicidal tendencies. This proportion is high—almost double the mean rate of all mental hospitals for England and Wales. From data supplied to us in the course of our visit we are satisfied that the medical staff have constantly in mind the possibility of removing patients from such supervision. We would, however, suggest that all patients with suicidal tendencies should so far as it is possible be placed in one or two wards on each side.

Special attention was given to the patients who were being nursed in bed or in single rooms. At the time of our visit 44 males (20 for mental reasons chiefly) and 55 females (26 for mental reasons) were in bed. Our experience is that those patients who in the past were in bed for mental reasons respond best to occupation therapy.

The admission wards on both sides give the impression of being overcrowded. In the women's ward there is on the average 58 square feet whilst in the male ward there is only 44 square feet per bed. These figures, however, do not indicate adequately the degree of congestion in these wards. The distance between the centres of adjacent beds in the mens' ward is in some cases not more than 3 feet 6 inches. There is practically no possibility of classifying the new admissions to these wards and the general facilities for nursing are much inferior to those now afforded at many mental hospitals

where there are new admission units. We feel that this is a matter which requires the special consideration of the Committee.

In passing through many of the wards we noticed that numbers of the patients were edentulous. Whilst realising that many of the patients are not able to use dentures, we hope the Committee will undertake to supply them to younger patients who can be trusted to take care of them properly.

CITY OF BIRMINGHAM MENTAL HOSPITAL.—RUBERY HILL AND HOLLYMOOR DIVISION.

August 28th, 1936.

Our visit to this mental hospital started on the 26th and coincided with the day for patients' visitors. We were interested to observe therefore the arrangements for their comfort. We were glad to note how freely patients' friends visit, and we noticed that some of them brought thermos flasks and food in order to have a meal with the patient they were visiting. This fact raised in our minds the need here for cups of tea and biscuits or buns to be provided at a small charge on visiting days. Such an amenity in conjunction with a canteen is much needed. It is found in other mental hospitals that a canteen is a real boon to patients, and incidentally the profits provide a fund for patients' comforts. In this connection it may not be out of place to note that only 2 wards on each side at Rubery Hill have wireless sets, and a canteen fund, did one exist, might well be used to provide what is now almost an essential.

We believe we have seen all the patients in residence and we have had conversations with a great number.

We gave 5 private interviews at Rubery Hill and 2 at Hollymoor. No action is indicated in any case.

The patients appeared quiet and well-behaved, but the fact that so many of them were without any kind of employment was thrown into great prominence by the gratitude of the few who were in fact making garments or doing embroidery for nurses at being provided with something to do. Ward after ward contained many patients who would benefit by being made useful. Many of the younger patients of both sexes would also benefit by regular physical training.

It is a matter of concern to us that the mental hospitals of Birmingham are in danger of falling behind those in other parts of the country in the use of occupation therapy.

At the present time a large undertaking in connection with the levelling of a new football ground is being carried out by male "working" patients of the chronic type. This type of employment has been found of therapeutic use in the re-education of the extremely lost dementia praecox case who in the past was considered unemployable, and we should like to suggest a group of such patients should be tried at this work.

The wards were bright and cheerful, comfortably furnished and well provided with plants and flowers. The ward gardens are particularly well laid out and kept.

Re-asphalting is due in ward gardens F.2, 6, and 10 at Rubery. We noted that six of the male wards in the same part of the hospital exercise in one or other of two ward gardens. It would be better, we think, in the interests of classification to use both these gardens at once instead of alternately. At present patients from the admission ward are mixed with those from the most excited and noisy ward.

At Hollymoor we thought the dormitories of F.2, F.3 in need of re-decoration. In the numerous wards which have recently been repainted we noticed that the floor space figures had been painted out, and we hope they will be replaced. At Rubery the fire escape stairs of M.3 and M.8 are in need of repainting, and we hope they will not be forgotten during the exterior repainting now being carried out.

In the cloak-rooms in all parts of the hospital we suggest the introduction of coat hangers on fixed rods for the purpose of storing out-door garments.

We understand that the committee have agreed in principle to the modernization of sanitary annexes, and after our visit to-day we can only emphasize the urgent need for this work to be put in hand.

Those dormitories which are situated on the third floors at Rubery are provided with wash rooms but no hot water is laid on anywhere, and patients desiring hot water for their ablutions have at present to make a long journey to the second floor to procure it.

Several of the ward kitchens, for example those of F.6 at Rubery and M.5 at Hollymoor, are insufficiently ventilated.

The clothing of the patients is good and many of the women's dresses were most pleasing, both in material and design. The appearance of overcoats would be improved by the use of coat hangers already referred to, and the introduction of a marking machine would result in the disappearance of the large and unsightly ink marking at present in use. We felt it a pity that the men's working clothing was so conspicuous and so readily to be confused with the strong clothing of difficult patients. Three female patients of violent propensities are at present provided with locked boots of an unsightly and obsolete pattern and these we would like to see abolished.

We gather that the question of a central library, where patients can change books themselves, is under consideration at Rubery. The book store at Hollymoor would serve a similar purpose. At present the ward book shelves are ill-provided with books and a central library would be most valuable. An increase in the number of books at both places is needed. The establishment of a branch of the Corporation library at the mental hospitals might perhaps be considered. A scheme of this kind has been tried successfully at other mental hospitals.

We noticed in our tour of the wards that the use of three-quarter doors to side rooms is fairly general. Whilst little objection could be taken to half-doors for the protection of feeble patients, we cannot but fear that the employment of three-quarter doors for the purpose of avoiding seclusion may have dangerous consequences.

There were 1,619 patients in residence to-day, 781 men and 838 women. Of these 30 men and 22 women are voluntary and 3 are temporary patients. One man and 5 women are out on leave or on trial, giving a total on the statutory books of 1,625.

Fifty-eight men (51 in the service or ex-service class) and 19 women are private patients. The charge for these patients is from 31s. 3d. to 63s. per week. The charge for rate-aided patients is 21s. 7d. and the average weekly maintenance cost is 24s. 3d.

Upon the figures submitted to us there is over-crowding by day and by night of 49 males and 53 females.

Thirty men enjoy parole beyond the estate at weekends only and 35 men parole within the grounds. We have been given the figure of 35 women as enjoying parole beyond the estate, but these women are in fact allowed only to go out in charge of friends or relatives during the weekend.

The present staff of nurses consists of 17 men and 20 women of charge rank, 97 male and 80 female ordinary nurses; 17 men and 19 women act as night nurses.

One-hundred-and-six male and 69 female nurses are registered or certificated as mental nurses, and 12 men and 20 women have passed the preliminary examination.

A visit to the nurses' quarters on the female side of both hospitals has led us to realize how much nurses' homes are needed. The accommodation for nurses here is poor and we were sorry to see the red striped sheets and pillow cases in use. The nurses' dining and common rooms at Hollymoor could be improved by re-decoration, refurnishing, and the cutting down of the trees which darken them so much.

The mortality rate for 1935 was 85 per thousand, which is considerably higher than that in mental hospitals generally. Since the last visit in November, 1935, 92 patients have died and in 61 cases or two-thirds of the total

post-mortem examinations were conducted. Amongst the chief causes of death were general paralysis 15, heart disease 28, and pneumonia 22, and 1 patient died of post-operative shock.

Three inquests have been held since last visit and in all cases verdicts of accidental death were returned.

Eight serious but non-fatal casualties all accidental fractures of bones have occurred since the last visit.

One case of dysentery occurred on the male side last April; and with exception of one female case of tuberculosis the hospital is at present entirely free from infectious disease.

During our inspection we have paid special attention to the various arrangements which have come into force for the sterilization of infected clothing and the isolation of infectious disease. We are satisfied that these, if carried out according to instructions and to the facilities provided are adequate.

We note that the employment of chambers has been discontinued, although 6 of rubber are still in use on ward M.3 at Hollymoor.

We regret, however, to note that wooden night commodes which are a much more serious potential source of infection are still in fairly general use, although a number of modern metal stands have been provided in certain of the wards.

We noticed 4 first floor wards in Rubery, M.3 an isolation ward for 46 patients, M.8 an infirmary ward for 46 patients, F.3 an isolation ward for 48 patients and F.8 an infirmary ward for 50 patients, whose only provision for outdoor exercise is the concrete roof of a ground floor ward in front of them. This roof is in each case surrounded by a bird cage like erection for protection purposes.

The entire absence of vegetation, decoration or means of shelter from the sun renders these structures in our view very unsuitable supplanters of the normal exercise gardens.

During our visit which was paid in warm and dry weather we were impressed by the fact that no less than 269 patients were in bed and that of these some half dozen females alone were in bed out of doors. The absence of verandahs and of suitable means of exit for beds may largely be the cause of this unfortunate state of affairs in the case of many of the wards but no such disability exists with regard to the four already mentioned, which amongst them contain no less than 106 patients in bed, some two-thirds of the total bed patients in Rubery. In this connection we would remark we saw a female patient in F.5 who was stated not to have been out of bed in a side room for more than a year.

The two hospitals contain 4 clinical rooms only and in none of these is running hot and cold water provided, a disability which we trust will soon be removed. Much improvement could also be effected in the case of the two small clinical laboratories at Rubery.

We visited the excellent special treatment block at Rubery and saw something of the special work which is being carried on there. We also inspected the laboratory at Hollymoor and were shown examples of the excellent work which is being carried on there by Dr. Pickworth and his assistants.

We were very sorry that our visit should have been at a time when the medical superintendent, Dr. Graves, was absent on holiday. There were many points we should have liked to have discussed with him; but Dr. Selkirk at Hollymoor, Dr. Keane at Rubery and the assistant medical officers were most helpful to us in our investigations.

Dr. Forsyth very kindly came over from Winson Green on the first day of our visit and accompanied us in our tour of the wards.

BRIGHTON COUNTY BOROUGH MENTAL HOSPITAL.

October 15th, 1936.

We have to-day concluded our visit to this hospital and Beechmont which we started yesterday and have been most usefully assisted by Dr. Harper Smith and Dr. Guppy. Dr. Hastings is away on leave and we regret also that his *locum tenens* was away sick.

There are on the books 371 male and 561 female patients, making a total of 932. These consist of 2 temporary female patients and 27 male and 47 female voluntary patients while the remainder are under certificate.

The private (including service and ex-service patients) number 88, while the service and ex-service patients number 25. The number of out-county patients is large, namely 200 in all. It is to be noted that no patients are boarded out.

There is a deficiency of accommodation for the male patients of 23 by day and 13 by night, while for the female patients the deficiency by day is 54, but by night there is a surplus of accommodation for 57.

A great many alterations and improvements of a major character have been made since the last visit, and such things as decoration have progressed well, while the new furniture in nearly all the wards now gives a most restful and pleasing effect: throughout the whole hospital cleanliness was most noticeable and a general atmosphere of contentedness prevailed, few patients asking for their discharge while private interviews were requested and given to 4 female patients.

We inspected the site of the new admission hospital and were pleased to see that the building, already well started, will not now be long before its usefulness can be fully appreciated. As overcrowding exists in this hospital we hope in due course to see some convalescent villas erected, as in addition to relieving overcrowding in the wards they are of great value in mental treatment. The occupation officer is away attending a show at Brighton of the patients' handicraft, etc., but we were able to see some excellent work in progress by the female patients in the wards and by some male patients in part of the dining hall converted into a centre: we still feel if opportunity arises a really big general workshop for the male patients would be most desirable, as some of the early stages in occupational therapy are carried out in rather an overcrowded condition in one of the wards.

Physical training is well advanced on the male side and we witnessed one of the less proficient classes receiving good training in an airing court.

The new staff cottages are nearly completed and we paid a visit to a very admirable nurses home, the only thing that seemed to be needed was the installation of a hot and cold water basin on each floor.

We discussed various matters with Dr. Harper Smith and amongst them the outside approach and floor of the vegetable-room which needs replacing or repairing, the constitution and remaking of the mattresses and the need for some better arrangements for heating plates and warming the food at their arrival at the wards. We understand that more hot and cold water basins are to be added to the sanitary annexes in the wards by rotation which will lessen the rather overcrowded washing conditions. We noticed that no female patients have parole within the hospital grounds and we feel when comparing the number of female patients to the males, if some arrangement of alternate days could be made it would be very welcome. The male patients have football and cricket as recreation, while there are entertainments for all such as the talkies, concerts and a hospital band. The women patients make some very good dresses of various attractive designs and colours and the patients who require these are given a large choice and have them made to measure.

We discussed with Dr. Harper Smith the chance of sending patients for a stay of some 14 days or so by the seaside and so emulate the example which we have found in 1 or 2 other mental hospitals.

We were impressed by the home for private patients called Beechmont which we visited, and feel that its contribution to the hospital itself must be much appreciated.

The point which has been mentioned in previous reports and to which we would like to draw attention, is the presence still here of so many mental defectives and it is with regret that no other accommodation has been possible.

In passing we would like to add that we talked of the steps taken by some other mental hospitals in combating war risks where the staff had received some anti-gas drill at either a military or naval school.

We noticed with regret that in this hospital of 932 patients there are only 2 medical officers and that owing to the rapid advance in mental treatment and the consequent demands on the time of the medical staff we feel the time has now arrived when consideration should be given to the appointment of an additional medical officer.

The mortality rate for 1935 of 5.2 per cent. for males and 8.9 per cent. for females with a total of 7.4 per cent. compares favourably with the average for all mental hospitals; 18 male and 38 female patients have died since the last visit on behalf of our Board 13 months ago; of these nearly half were over 60 years of age. The causes of death were verified by post-mortem examination in 77 per cent. of the cases, and no bed-sores are recorded. Amongst the causes are 1 each from tuberculosis and general paralysis, 22 from heart disease and 11 from pneumonia, both of the latter diseases including many aged people, but 4 of the pneumonias were definitely infective. No inquests were held.

Dysentery and influenza have been absent during the period under review but 1 case of enteric which occurred last month is still under treatment—origin of this is unknown. Severe diarrhoea (13 cases all, with 1 exception, in ward F.6) has occurred since June of this year, the last case was on September 18th.

The bacteriological examination of material from such cases is carried out at the central laboratory in Brighton. We know that the delay in transit is an important factor in such examinations and we have made certain suggestions to Dr. Harper Smith which he has promised to discuss with the visiting pathologist, Dr. Janes. Four male and 30 female patients remain on dysentery caution cards, these patients are distributed in various wards according to their mental states and except that they are not allowed to be employed in the kitchen or laundry, they mix freely with their ward mates and use the same conveniences. We discussed this matter with Dr. Harper Smith and suggested that a periodic bacteriological examination might in time lead to a clean bill of health for some and enable the concentration of suspects.

Six of each sex are now under treatment for active tuberculosis in open-air conditions.

Five male and 8 female patients sustained serious but non-fatal injuries during the period. These were all fractures: 10 were due to falls in wards, ablution rooms or in the gardens, 1 to epilepsy, 1 was self-inflicted and 1 occurred in a very restless patient.

A high standard of nursing is aimed at and we must take this opportunity of expressing our appreciation of the nursing service at this hospital, not only of the sick, but also in the general wards previously referred to, an appreciation which is shared by numerous patients to whom we spoke, and also judging by those letters produced to us by those patients already discharged.

We were glad to hear that a shelter reached by a covered way from the female infirmary is to be erected, the ground being cleared at the time of our visit.

During our tour of the laundry we noticed that there is no means of disinfecting infectious clothing, etc., except by "boiling" in the open tanks otherwise used for fouled linen. We consider this method unsatisfactory

and likely to be dangerous and we wish to suggest the installation of a modern sterilizer which would also serve as an efficient method of disinfecting ordinary foul articles.

We also visited the mortuary, viewing room and post mortem-room which are all included in one building now very much out of date. The viewing room, which is only separated by a curtain from the mortuary, is a very poor place in which relatives may take farewell and the post-mortem room must be most inconvenient to work in, very cold in winter and very hot in summer. We hope the committee will give this matter their early attention.

The clinics held at 8, Grand Parade, Brighton, and at the Royal Sussex County Hospital on 2 afternoons a week, continue to attract an increasing number of patients both for consultation and treatment, they also provide a useful means of keeping in touch with ex-patients, thereby preventing relapses.

The nursing staff consists of 73 male and 91 female nurses of whom 11 and 18 respectively are on night duty. Fifty-seven of the male and 49 of the female nurses are certificated or registered as mental nurses and 4 and 15 respectively have passed the preliminary examination.

CITY OF BRISTOL MENTAL HOSPITAL.

January 11th, 1936.

We have spent the whole of the past two days in paying the annual visit to this hospital. Throughout our tour we were accompanied by Dr. Barton White, whose assistance was most helpful to us in every way.

On the first day of our visit there were in residence in the hospital 463 men and 641 women, or a total of 1,104 patients in all. This total includes 54 voluntary patients and one temporary patient. Out-County patients number four. From the statistical return made to us it appears that there are at present vacancies for 39 men, but a deficiency of accommodation for 9 female patients.

Information furnished to us showed that, of the 300 direct admissions during 1935, approximately 35 per cent. were received direct from their own homes. The majority of the patients covered by this percentage were voluntary patients, the percentage in the case of certified cases so received being only 8. Little or no use has been made up to date of the rate-aided Urgency Order, provided for in Section 17 of the Mental Treatment Act. We gathered that this might be due to the fact that only one "duly authorized officer" had been appointed within the area but that the question of increasing facilities in this respect is receiving consideration.

We were glad to find that the number of patients entering the hospital on a voluntary basis continues to increase, the percentage in the past year having risen to approximately twenty-seven. Increase is also recorded over the same period in the number of patients admitted for temporary treatment, giving a percentage of about 8. Dr. Barton White has taken a good deal of trouble in the past two years to explain to local practitioners and relieving officers the value of, and the procedure relating to, temporary treatment, and we hope that his efforts will continue to produce improving results. It is interesting to note that, of the 25 patients admitted to the hospital on a temporary basis in 1935, no fewer than 13 (or over 50 per cent.) were discharged "recovered"—testimony in itself of the value of Section 5 of the Mental Treatment Act.

Amongst the various improvements which have been carried out since the last visit are the installation of an automatic telephone system and the fitting of emergency bells to some of the female dormitories. Two of the female wards have been redecorated, but generally it appeared to us that a good deal of work of this nature was required in many wards. We gathered that a complete overhaul of the heating system of the hospital was under consideration and that a report thereon by a consulting engineer was expected shortly. We were glad to hear that, in this connection, the possibility of

installing plate-warming apparatus in the ward kitchens had not been lost sight of. During our tour of the wards we saw many cloak-rooms where the provision of coat-hanging fitments would obviously be of advantage. As regards the amusements of the male patients, we noted the presence of a number of bagatelle tables, but thought that the provision of billiards tables was rather sparse. Billiards competitions are, we understand, much enjoyed by the patients here and we venture to suggest that, if one or two more tables could be purchased at cheap cost, they would be much appreciated.

We spoke with many of the patients and inquired carefully into a number of appeals for discharge that were made to us. We satisfied ourselves that none of the cases in question were fit to return to ordinary life, and that close attention is paid to improving cases with a view to their discharge as soon as such action can safely be taken. Generally the patients appeared well cared for and properly nourished.

Some advance has been made in the design of the women's frocks but the underclothing for both men and women is still flannel of the old type which has largely been replaced in ordinary domestic life by more comfortable fabrics: these we have seen, in some hospitals, machine-knitted in the sewing-rooms.

Substantial therapeutic benefit to patients has been secured in the application of handicrafts and other forms of occupation and we are glad to learn that members of the nursing staff are receiving instruction in this form of treatment from the occupation officer. About two score patients on both sides take part in physical exercises of certain types. We are of opinion that advantage would result from the inclusion of gymnastic exercises and apparatus and from an attempt to apply physical exercises generally to a larger number of patients, use being made of costumes for the men, as is already the practice for the women. Similarly there is scope for the extension of the opportunities for handwork to a considerably larger number of patients. This advance requires more accommodation and further training of the nurses in the principles of this treatment and the various methods of carrying them out; the existing workshops are not yet utilized in the scheme. We hope also that means may be devised for the development of outdoor occupations.

The library arrangements are in the hands of the occupation officer who is assisted in this department by a male patient. The books are catalogued and patients can come and choose their volumes on specified days. We learnt with interest that the provision of some writing tables in the library was proposed.

A start is to be made shortly in hair-dressing for women patients, the arrangements being under the charge of a nurse with professional experience in the art.

At the present time ten men and four women are allowed full parole and about 40 patients of each sex enjoy the privilege of parole within the estate. Two wards in each division are open to the grounds. We were glad to find that the patients in a number of the wards on each side were allowed to sit up till 9.30 p.m.

On the second day of our visit, as some excavations were going forward in one of the women's gardens, the patients in half-a-dozen wards—numbering 215—were taking exercise in a back court. Three of these wards ordinarily use the front garden. We understand that similar congestion occurs in the men's gardens. Some additional space seems to be much needed for at least one new garden on each side.

The volume of work at the out-patient clinic at Grove Road continues to expand. During 1935 the social worker inaugurated visits to the homes of newly admitted patients with a view to investigation of family and environmental factors. We understand, however, that it was found that the time at her disposal did not admit of her continuing this practice and are glad to hear that search for a suitable assistant is being made.

The patients' dietary is well arranged on a four-weekly list of menus for all meals. It may be possible to issue pork sausages, in season, as well as the usual beef sausages.

The death rate for the year 1935 was 71 per thousand of the patients in residence and the number of deaths since the last visit—in April—is 54, of which 70 per cent. were the subject of post-mortem examination. More than half the total number of deaths and two-thirds of the women's were due to heart disease. The only death attributable to the infectious diseases was that of one man, due to tuberculosis. General paralysis caused only two deaths and pneumonia two. Two women died from conditions originating in falls, one accidental and the other occurring during an epileptic fit; inquests were held on both deaths.

Fractures have occurred in 2 men and 7 women. One of the men fractured the tip of the lower end of the fibula by stepping on a cricket ball at cricket. The other accidents were the result of falls in the wards or the action of other patients.

The number of patients regarded as tuberculous, in a more or less open form, is at present twelve—7 men and 5 women. These patients are under treatment, where their habits will allow, on the verandahs. Some extension of the arrangements for the nursing of restless patients with this infection under open-air conditions seems to be desirable in view of the former high tuberculosis incidence.

There were at the time of our visit to the wards 59, or 12½ per cent. of the males, and 99, or 15 per cent. of the females, resident, under treatment in bed, few being for excitement. Concerning all these cases the respective medical officers were able to give us much information. We formed a favourable impression of the attention and personal consideration given these patients by the staff generally. Careful precautions are taken in several directions against the occurrence of intestinal infections but it would probably strengthen such precautions if the brushes for floors and tables were made in different shapes.

Patients sitting up in bed in some of the male wards are kept warm with blankets over their shoulders; the use of bed jackets may be found more convenient and an increase in the issue of slippers would probably be appreciated.

The ward nursing staff consists of 22 charge nurses, 141 ordinary and 30 night nurses. Of the latter grade 11 female nurses were on duty on the night of the 9th January. Over 70 per cent. of the male nurses and 32 per cent. of the female nurses are certificated.

Dr. Barton White continues to be assisted by Dr. Herbert Smith (as deputy superintendent) and Drs. L. Barber, R. E. Hemphill and Penuel Grant. Regular visits are now made on alternate Fridays by the consulting physician.

CANTERBURY MENTAL HOSPITAL.

August 17th, 1936.

To-day we have visited this hospital where 240 patients are in residence; 103 males, and 137 females. This hospital is not overcrowded except in the day time, when there are nine female patients extra to the accommodation. There are to-day one female temporary patient and male voluntary patient.

Since the start of the year there have been admitted four voluntary patients and two temporary patients in addition to eighteen certified cases. From these figures, although small, it can be seen that there is more appreciation of the Mental Treatment Act, 1930; we have discussed this matter with Dr. Scott and we find he is doing what he can to make the advantages of the Act more widely appreciated.

Included in the 240 patients are thirty-five private (13 male, 22 female) of whom 6 males are service or ex-service patients.

The maintenance charge per head for the home patients appears at 29s. 2d. per week while the private patients vary from 42s. to 84s. per week, making a total average cost of 29s. 4 $\frac{3}{4}$ d. per week.

The patients on parole are all males and number 6 who are allowed beyond the limits of the estate while there are 11 males who have parole within the limits. We have noticed that none of the female patients have parole and on discussing this with Dr. Scott we learned that one of the reasons is the danger of the roads in this district.

Among the various improvements noticed in addition to further improvements contemplated, the kitchen seemed to have so far benefited most; the decoration of the walls was new and bright and there has been a complete re-organisation of nearly all the kitchen stoves, etc. The new cold storage room is much appreciated and we are told gives entire satisfaction as such.

In the laundry we noticed that the calender had now been fitted with a guard, but feel the laundry would be more satisfactory if a steam press for male clothing were to be introduced there, as it would also serve so many useful purposes in addition to pressing the male patients' suits.

While we visited the female patients we were able to discuss with Dr. Scott the question of the much needed improvement in the patients' dresses, which struck us as particularly lacking in quality and style.

The new lavatories and washing basins in the villa seem to give entire satisfaction and are a great improvement. Practically all the re-decorating has to be delayed by the necessity of the electric lighting system being re-wired which we understand must take a considerable time.

Occupation therapy has started in a large ward and one of the female nurses has had a week's course in the art of handicrafts which seems to have enabled her to give instruction to any nurse here. It is understood that the staff quarters are to be included in the contemplated scheme of general re-decoration etc.

We inspected the entertainment hall which has wireless in addition to the various loud speakers in several wards. We were also told that the hospital receive invitations to go to Chartham Mental Hospital to see and listen to "talkie" films, which must be a great pleasure.

Other matters needing attention and raised in the last Commissioners' report we understand are now being attended to, but we feel we ought to stress the point that the ward gardens do need lavatory accommodation.

The dinners and teas served to the patients appeared to be both ample and well cooked and served. The transportation of the food and warming of plates from the kitchen are matters which should engage the attention of the Superintendent before the winter.

The general health has been excellent during the eight months which have elapsed since the last visit of our colleagues and no infectious illness has occurred. Of the ten male and twenty-six female patients confined to bed to-day six only were there for physical reasons and two of these are suffering from tuberculosis.

The nursing arrangements for bedridden patients appeared to be quite satisfactory, but we should like to see verandahs added to both the male and female infirmary wards not only to give them air treatment for tuberculosis but also to provide similar facilities for other bed patients where mental or bodily health requires fresh air.

The mortality rate for 1935 of 4·5 per cent. for males and 5·8 per cent. for females compares very favourably with the average for all similar hospitals which is 7·1 per cent. and 6·5 per cent. respectively.

Fourteen patients have died during the period under review of whom 12 were over 60 years of age. The causes of death, found in ten instances by post-mortem examinations, include one from tuberculosis, four from respiratory diseases and five from heart diseases. No inquests were necessary.

Three female patients sustained various accidents, all fractures, and all accidental.

The small laboratory at this hospital has hitherto been used chiefly for routine work. Dr. Scott is gradually widening the scope of this important department and has already started Widal examinations for enteric; he is also having the Wasserman test carried out, but this has to be done elsewhere.

The clinic at the Kent and Canterbury Hospital is now held weekly in conjunction with Chartham Mental Hospital and the number of attendances is increasing. We understood that a re-building scheme at the general hospital is under consideration which we hope when accomplished will afford improved facilities for this special branch of treatment.

The nursing staff consists of 24 male and 26 female nurses, five of the former and six of the latter being employed on night duty.

Sixteen male nurses and seven female are certificated or registered while three and six respectively have passed the preliminary examination.

Dr. Scott has the assistance of Dr. W. E. McIlroy to both of whom our best thanks are due for their kind attention during this visit.

CARDIFF CITY MENTAL HOSPITAL.

September 2nd, 1936.

During yesterday and to-day we carried out an inspection of this hospital and are satisfied that its continued progress under its present Medical Superintendent, Dr. McCowan, maintains the high reputation it acquired under Dr. Goodall.

The wards generally are pleasing in appearance and tastefully decorated and are well provided with flowers. The supply of newspapers and books is adequate and we understand that arrangements are being made largely to supplement the latter. In the male wards we noticed wooden covers on the billiards tables which must tend to some extent to militate against play.

The gardens are attractive and, particularly on the male side, in excellent order, and flowers and flowering shrubs exist in profusion.

In the dormitories the bedding is clean and well repaired and the necessary night attire is provided. Except in certain side rooms and dormitories, the use of chambers has been discontinued, and in each dormitory the patients have the use of a lavatory which is open all night. Two dressing-gowns are provided for general use in each dormitory. In F.4A, for chronic voluntary patients, the lavatory in night use is open to the staircase and two doors, which are awkwardly placed and might result in accident, could with advantage be reversed.

We regret to notice the number of wooden night commodes still in use.

A number of commodes might with advantage be placed on the verandahs for such bed patients as could use them.

The sanitary annexes are in good order and well supplied with towels. The hair-brushes and tooth-brushes are kept in attractive glass-fronted cupboards which we think could with advantage be provided with ventilation.

We were shown the library and the hair-dressing and manicure room. We were particularly pleased with the latter and regret that it is not possible at present to provide a larger room for what we feel provides a most useful and grateful adjunct to the amenities provided for female patients.

We inspected the operating theatre and noticed with surprise that the excellent sterilizing room adjoining it is also used as a dental operating room. We trust that more suitable quarters will be provided for the dentist at the earliest possible moment.

The patients generally were quiet and well-behaved though we received a number of complaints regarding detention.

Not only in the special rooms devoted to occupation-therapy but also in the workshops, the wards and the airing gardens numerous handicrafts were being taught and practised, and surprisingly few of the whole of the patients were unoccupied. Much of the work is of a high standard, and we feel that praise is due both to the occupation officers and to the staff, all of whom as part of their work receive 2 months' training in handicrafts, for

their industry and patience. Work is done both in the mornings and in the afternoons. We were informed that some 20 male and 25 female patients have physical exercises twice weekly. If it were possible largely to increase the frequency and size of these classes, the resulting exercise would, we feel sure, be highly beneficial to many of the patients.

The bed cases are efficiently nursed and out of a total of 63 cases, 14 males and 21 females were out of doors on verandahs. We noticed many flies on the unoccupied beds of the sick rooms within and out of doors, and in the general kitchen and hope that means will be found to abate this dangerous nuisance.

We inspected the service departments of the hospital and should like to express our satisfaction with the excellent methods in use in the laundry for the sterilization and cleaning of infected and foul clothing and bedding.

The farm buildings are modern and recently improved, and are exceptionally well kept, and the milking arrangements leave little or nothing to be desired.

Recent improvements include a new washing machine in the laundry, the installation of a refrigerator, the addition of two steam jacketted boiling pans in the kitchen, electrically heated sterilizers in Wards F.1, F.2, M.1 and M.2, and the provision of a new water closet in the observation dormitory of Male 4 Ward. Two steam heated sterilizers are in process of being fitted in the sterilizing room.

Of the total admissions during 1935 (314) 66·5 per cent. came voluntarily and 14 per cent. were admitted as temporary patients. Of the admissions so far this year (194) 68·6 per cent. have come voluntarily and 16·4 per cent. as temporary patients. These figures show that good use is being made in this area of the benefits afforded by the Mental Treatment Act and, in this connection, we were particularly pleased to learn that Dr. McCowan has been appointed Consulting Psychiatrist to the City Lodge Municipal Hospital from which most of the admissions to this hospital are derived. Dr. McCowan visits the City Lodge twice weekly and sees all new cases before admission here.

The out-patient clinic held twice weekly at the Cardiff Royal Infirmary by Dr. McCowan and his staff is proving of increasing service in the district. Last year 305 new patients were seen and the total attendances numbered 1,484.

There are now on the books of the hospital the names of 359 men and 418 women. One female patient is away on trial, leaving 776 patients in residence.

According to figures supplied to us, there are 45 patients in excess of the authorised numbers by day, and by night there are vacancies for 13.

The weekly maintenance charge per head for home patients is £1 7s. 1½d., and for private patients 3ls. 10d. up to £2 12s. 6d. The average weekly maintenance cost as last ascertained was £1 7s. 4d.

Fifty men and 45 women enjoy full parole beyond the estate, while 63 men and 105 women are granted limited parole within the grounds.

The nursing staff consists of :—

							Male.	Female.	Total.
Charge	...	...	...	...	...	...	4	13	17
Ordinary	...	...	...	...	...	...	29	63	92
Night	...	...	...	...	...	...	8	11	19

Eight male and 32 female nurses possess the final Certificate of the General Nursing Council, while 7 male and 23 female nurses have passed the preliminary examination for the certificate. In addition, 14 male and 7 female nurses hold the certificate of the Royal Medico-Psychological Association, and 3 male nurses have passed the preliminary examination.

The nursing of the sick is under the care of the matron, and 18 female nurses are warded on the male side. In certain male wards a male probationer is employed for training, and in only three male wards are male nurses alone employed.

The death rate for the year 1935 was 8 per cent. (M.8 per cent.; F.8 per cent.) There have been 89 deaths (M.46, F.43,) since the last visit and in 74 cases the cause of death was verified by post-mortem examination.

The chief causes of death were pneumonia (23), tuberculosis (12), general paralysis (11) and senile decay (11).

Only one inquest was held, the case being that of a parole patient who committed suicide by strangulation. Full details have already been furnished to our Board.

The only epidemic or zymotic disease occurring during the period under review has been 5 cases of infection by the Sonne bacillus, the source of infection being a patient admitted from a neighbouring hospital. The infection did not spread.

At present four male patients are suffering from tuberculosis in active form and are in receipt of open-air treatment.

Two serious but non-fatal accidents have occurred—both in the nature of a fracture and both due to accidental falls.

During our inspection we visited the bio-chemical laboratory in which the Director, Dr. Quastel, and his seven assistants are carrying out important research.

CROYDON MENTAL HOSPITAL.

January 23rd, 1936.

This is the first visit paid on behalf of our Board since the appointment of Dr. T. P. Rees as Medical Superintendent in succession to Dr. Berncastle who retired in November last. We hope that after his long period of 32 years continuous service under the Croydon Mental Hospital Committee Dr. Berncastle will enjoy his retirement from active work. While retirement may bring regrets we trust that Dr. Berncastle with his varied interests will make a happy adjustment to a life of energetic leisure.

Our general impression is that the hospital is well organized to provide care and reasonable comfort for the patients who come for treatment to enable them to make new efforts to adapt to the strains and stresses of ordinary life.

There is taking place a new development, which we hope will go on, in the direction of providing for all patients sufficient interest, both by physical exercise and occupation, to fill in the periods between active psychological treatment and to prevent the mental lassitude which follows long periods of inertia.

The new villas that have been erected for male and female patients are organized rather differently from the older wards in small but important matters such as the free provision of writing material, individual marking of clothing, the free use for women of facilities for washing and ironing minor articles, matters tending to show that similar developments throughout the hospital are on the way. We would stress particularly the need in all wards for separate marking of clothes and particularly the undergarments of both male and female patients. The authorities of the hospital could reorganize the laundry so as to permit the more precisely controlled washing of private garments in the central wash-house. While we were discussing these matters we found that some patients relied on their friends and relations to produce for them a weekly change of clean private clothes. We are sure this matter will have the sympathetic consideration of the Committee whenever it is brought before them.

The details of washing in the foul laundry were explained to us and judging by the freedom from infectious diseases we think that the work must be well done. The only change we would suggest is some rearrangement of the space for storing bicycles and coats belonging to the staff on duty.

While the general furnishing and decoration of the wards was in most respects excellent we read, in the use by the nurses of home-made artificial flowers, a desire for more real flowers and living plants to add to the interior

decoration of the day-rooms. We did not visit the greenhouses and do not know to what extent indoor plants can be propagated and nursed here for use in the general wards without some extension of the glasshouses.

On the day of our visit, because of the heavy fall of snow, the patients were mostly indoors. While on such a day the unoccupied patients appear to be a more serious problem we realize that in a number of wards, particularly on the male side, a gallant effort is being made to deal with the more difficult and more demented patients by sundry occupations carried on in the day-rooms and we also witnessed an excellent display of physical exercises by female patients, forming one of several such classes, under the direction of a female instructor assisted by two nurses.

We saw in course of erection, two buildings intended partly as visiting rooms and partly as occupation centres. When these are ready for use, some time towards the middle of the year, we suggest that steps be taken to secure the further training of the staff in physical, recreational and occupational treatment of the patients. The utility shops are in use, but afford occupation for an extremely small number of patients. There are possibilities of development here though space is limited.

In most of the wards independent wireless sets are installed and are in excellent condition. We regret that in the recreation hall only silent films are shown—we hope that one day “talkie” apparatus will take the place of the present travelling film show.

We noted during the dinner hour that there was difficulty in warming plates in the wards but we understand that plate warmers may soon be installed throughout.

The number of patients resident in the hospital to-day is: males 336, females 601, making a total of 937. The accommodation calculated according to space allowance prescribed by our Board is 284 males and 516 females by day and 301 males and 548 females by night. It will be seen that there is considerable overcrowding and this was evident in the arrangement of beds in some of the dormitories.

Altogether 205 patients are usually allowed parole within the confines of the hospital estate—men and women in almost equal numbers—and parole beyond the estate is granted to 28 men. We were glad to find that as many as four wards or villas on the male side and 7 on the female side are administered on the open door principle whereby patients are allowed free exit to and access from the gardens, corridors and parts of the estate.

The maintenance charges per week for home patients is 21s. 7d. and the average weekly cost as last ascertained is 19s. 8d. per head.

In this hospital all sick and bedridden patients, as well as those requiring prolonged mental observation or recently admitted, are accommodated in the infirmary wards; there were only two patients elsewhere in bed for temporary reasons. To-day we found 12 male and 26 female patients in bed of whom 7 and 16 respectively were recent admissions and many of these were on the verandahs.

While the nursing arrangements for these patients appeared to be quite satisfactory both in respect of numerical strength and efficiency of staff and the physical comfort of the patients, we regret the necessity for nursing recently admitted patients in association with others who are physically ill. In the infirmary annexe we saw that the means for cleansing bed-pans is old-fashioned and suggest that modern sluice sinks would be an advantage.

There have been no cases of dysentery or enteric fever in this hospital for some years. All new admissions have prophylactic injections against these diseases. No case of tuberculosis is at present under treatment.

We find that the X-ray apparatus is not sufficiently modern for use in the diagnosis of tuberculosis. Although a new set may be included in an admission hospital when built we venture to suggest a modern apparatus be supplied at an earlier date.

The mortality rate for 1935 was 5·1 per cent. for males and 3 per cent. for females giving the low average of 3·8 per cent. which is a matter for congratulation particularly as there is such a large senile population.

Since the last visit of our colleagues, February 24th, 1935, there have been 34 deaths occurring in nearly equal proportions between the sexes. The cause of death was verified by post-mortem examination in only 21 instances. Amongst the causes of death there is none which calls for special comment. No inquest was held.

Two male and one female patient sustained non-fatal fractures during the period. One of these, a man of 74, slipped on the bed-side mat when getting up; another sustained injury by falling in a fit and the third, a man of 39, slipped on the ward floor.

The clinic at this hospital continues to function but Dr. Rees told us that a proposal is being made to hold one in Croydon and we hope that this may not be long delayed. As a result of this and of Dr. Rees' efforts to make the provisions of the Mental Treatment Act more widely known we hope that the number of admissions of voluntary and temporary patients will increase.

The nursing staff consists of 58 male and 78 female nurses, 10 of the former and 16 of the latter being on night duty. Thirty-two of the male nurses and 27 of the female nurses are certificated or registered as mental nurses and 13 and 16 respectively have passed the preliminary examination.

Dr. Rees has the assistance of Dr. W. H. Shepley and Dr. M. R. P. Williams, to all of whom we are grateful for their help during our visit.

DERBY BOROUGH MENTAL HOSPITAL.

May 26th, 1936.

I have to-day finished the annual visit to this hospital on behalf of my Board, which I began yesterday, giving all the patients an opportunity of speaking to me of which many availed themselves and 2 private interviews were given. Such complaints as were made arose out of delusional states; most of the interviews were connected with discharge but in no instance can I recommend any action.

Improvement in the dress of male patients has taken place since the last visit; suits are now pressed by steam by the tailor using one of the steam presses in the laundry, and the issue of shirts complete with collars has improved the men's appearance. I noticed many who required shaving and would suggest that the use of the razor should be regulated by the rate of growth rather than by length of time. Individual clothing for the more responsible female patients is already provided as regards dresses, etc., and sets of underclothing for these is being gradually introduced: both the outer clothing and underclothing is modern though I think greater variety in style might be introduced with advantage.

The wards, galleries and dormitories were generally in good condition, well kept and comfortably furnished; there was a good supply of flowers, plants, and in many instances, of birds. Some redecoration has been done and more will be undertaken; the side rooms particularly are badly in need of this. The recent addition of 6 single rooms to F.2 is a great improvement. In this ward F.2 and also in M.2—both of them disturbed wards—there was a strong smell of urine particularly in some of the side rooms. This matter has engaged attention without, it appears, much result. I hope that further efforts will be made to eradicate this unpleasantness.

The paucity of daily newspapers and periodicals to which attention was drawn in the last report has been remedied, to-day there was a good supply in each ward.

The coat hangers are being introduced gradually.

The grounds of the hospital are well kept and are beginning to take on their summer appearance.

Occupation therapy has not yet assumed an organized position in the treatment of amenities. This has been due to lack of suitable accommodation but now that the kitchenmaids' block has been converted into an occupation-room for the women I have no doubt that Miss Drysdale will be better able to train her staff and so increase the work which she has started in the wards and in Albany Villa. On the male side this work is even less advanced but a start has been made in male 2 ward by employing a few patients in fretwork. On both sides I am sure that there is need for the introduction of simple physical training the results of which have proved so beneficial in other mental hospitals particularly amongst the restless and regressed. I had some conversation with Dr. Bain and Miss Drysdale on this subject and hope that a start will be made.

The returns made to me to-day show 561 patients in residence comprising the following categories :—

				Voluntary.	Temporary.	Certified.	Total.
Males	...	...	...	21	14	221	256
Females	...	...	...	24	24	257	305

and there are also 30 female patients boarded out under reception contracts. There are no patients on leave at the present time. Of these 561 patients 47 are private, including 19 service or ex-service; there are also 4 chargeable to other authorities. During 1935 there were 156 direct admissions of whom 29 were of the voluntary and 82 temporary status. These figures show a remarkable use of the Mental Treatment Act especially in its provision for temporary treatment and no doubt when the admission hospital—of which plans have been approved—is completed the number of voluntary patients will considerably increase.

The weekly maintenance charge per head is 23s. 4d. for home patients and from 2 to 3 gns. for private patients; the average weekly maintenance cost per head as last ascertained being 22s. 5d.

Overcrowding exists on the male side to the extent of 52 by day and night and on the female side there are 13 patients in excess during the same periods. Some relief will accrue when the admission hospital is ready, but this addition has not yet been started; further relief will be afforded by a male and a female villa now being considered. In the meanwhile I would urge that the possibilities of other institutional care for the defectives be further explored. For these patients there is neither the accommodation nor the specialized training, and as a result some spend periods in bed as the easiest means of management; also and particularly must I refer to the few children who are deprived of the society of other children and in the case of male children are associating with older men.

This hospital has been free from zymotic disease during the period under review—a year, and although here are 1 male and 7 female patients who at some time have had enteric no case of this has occurred for many years and only 1 case of dysentery is recorded since 1914.

The nursing of the sick is satisfactory in so far as space will allow. The present mixture of sick and infirm with recent admissions will be remedied by the admission hospital, and then I hope it may be possible to increase the verandah accommodation in those wards in the main building to be utilized for sick and infirm. Three male and 7 female patients were to-day receiving open-air treatment for tuberculosis.

The mortality rate for 1935 was 7·9 per cent. (7·3 per cent. males and 8·3 per cent. females). Fifty-two patients have died since the last visit, 25 being over the age of 60, and the cause of death was verified by post-mortem examinations in no less than 44 instances. No bed sores were recorded at death. Amongst the causes of death 3 each were from tuberculosis and general paralysis, 23 were due to heart diseases, 6 from pneumonia and 7 from

old age. Two inquests were held, one on a woman dying from an intercurrent condition after a fracture, and the other a man who committed suicide under circumstances already reported to my Board.

No non-fatal casualties are recorded.

The nursing staff consists of 37 males and 48 females of whom 3 and 6 respectively are employed on night duty. Twenty-six of the male and 19 of the female nurses are certificated or registered as mental nurses while 4 of the former and 11 of the latter have passed the preliminary examination.

The out-patient clinic held at the Derbyshire Royal Infirmary on alternate Tuesdays continues to show increase in fresh cases and in attendances. The figures for 1935 are not available at the moment but Dr. Bain tells me that he is very satisfied with the results both as regards recoveries and the influence it has in securing voluntary admissions. I discussed with Dr. Bain the possibility of obtaining closer touch with the mental patients admitted to Boundary House, and hope that he may be able to bring this about.

I have had occasion to peruse some of the clinical records made by medical officers and I have been impressed by the information therein contained even in the chronic and long standing cases.

Dr. Bain has to assist him Dr. W. J. Barbour as deputy and Dr. Denis Casey, to all of whom I am much indebted for help given me during my visit.

EXETER CITY MENTAL HOSPITAL.

February 20th, 1936.

To-day we paid the annual visit to this hospital on behalf of our Board and have pleasure in reporting that it continues to be very well administered. The patients were neatly dressed, quiet and contented. We had not a single complaint from any of them. The wards were in very good order, especially those of the private patients. Flowers were very prominent and gave a pleasing effect.

The statistics for 1935 are as follows :—

				Voluntary.		Temporary.		Certified.		Total.
				M.	F.	M.	F.	M.	F.	
Direct admissions	...	...	...	12	7	2	2	24	35	82
Admitted on transfer	...	...	...	—	—	—	—	2	1	3
Departed or discharged	...	...	...	9	4	2	—	11	11	37
Of whom recovered	...	...	...	8	4	1	—	10	8	31
Transferred	...	...	...	—	—	—	—	2	6	8
Allowed out on long trial	...	...	...	—	—	—	—	13	11	24
Granted money allowances	...	...	...	—	—	—	—	3	3	6
Died	...	...	...	1	—	1	—	14	16	32
At present on the statutory books	...	...	...	5	7	—	3	161	86	362
(a) Private	...	...	...	2	4	—	2	20	29	57
(b) Service or ex-service	...	...	...	—	—	—	—	13	—	13
(c) Out-county cases	...	...	...	—	—	—	—	34	9	43
Now on trial	...	...	...	—	—	—	—	2	2	4
Boarded-out under reception contract	...	...	...	—	—	—	—	—	10	10
In residence	...	...	...	5	7	—	3	159	184	358

Of the out-county cases 25 are from Plymouth 15 from Southend-on-Sea, and one each from Devon, Lancaster, and Middlesex.

There is a deficiency of accommodation by day for 27 females and an excess of 10 by night, while on the male side there is an excess of 3 by day and 12 at night.

The weekly maintenance rate for home patients is 26s. 3d. and for private patients 28s. to 45s. The average weekly cost as last ascertained was 26s. 8·9d.

Parole beyond the estate is granted to 16 men and 14 women whilst within the grounds 29 men have this privilege. One ward on each side is administered on the open-door principle, opening into ward gardens.

We visited all the wards, and the ward gardens and believe we have seen all the patients and given every one who wished to speak to us an opportunity of doing so. Many told us how comfortable and how kindly treated and well-fed they were. We gave six private interviews.

We were very interested in the occupation room where we saw about 30 men busily engaged in various forms of handicraft work, all of which was being well done, and in which they were taking great interest. On the female side there is a sewing room where about 20 women are employed. The handicraft work being mainly done in the wards. We should like to suggest that some of the women might attend for such work in the large room now used by the men, as in our experience the pleasure of going to work somewhere else than in their wards is much appreciated and has a beneficial effect on their mental condition.

Recently a hairdressing saloon has been started for the female patients, it is open two afternoons a week, and is much appreciated.

Improvements have been taking place and include a new oven in the bake-house, a gramophone pick-up attached to the sound installation which is most useful for supplying music for the dances which are held fortnightly alternatively with a cinema show.

At present a general garage, a staff hard tennis court and repairs to the engine-room chimney stack are in progress.

We were pleased to hear that it is proposed to build a nurses' home, and hope that this will soon be accomplished.

The canteen is making good progress and is much appreciated by the patients.

The mortality rate for the year ending December 31st, 1935 was 8·4 per cent. (M. 8·7 per cent., F. 8 per cent.). There have been 25 deaths (M. 11, F. 14) since the last visit, followed in 12 cases by post-mortem examination. The chief causes of death were pneumonia 4, heart disease 3, general paralysis 3, and organic brain diseases 3. One inquest was held and the verdict was accidental death.

The general health of the patients has been good. During the period under consideration the hospital has been entirely free from influenza, dysentery, enteric fever, or any form of active tuberculosis.

There were very few patients in bed at the time of our visit (7 men and 12 women) and practically all on account of physical illness.

Since the last visit there have been 4 serious but non-fatal accidents. All were fractures and all were due to accidental falls.

Nursing Staff.							Male.	Female	Total.
Charge	...	...	...	...	...	...	4	4	8
Ordinary	...	...	...	...	...	...	25	20	45
Night	...	...	...	...	...	...	4	4	8
Certificated or registered	...	...	...	...	...	...	16	7	23
Passed preliminary examination	...	...	...	...	...	...	5	8	13

We found our visit to this comfortable hospital a very interesting one and have to thank Dr. Reid, and his assistant Dr. McPherson, who both accompanied us round and gave us much useful assistance.

GATESHEAD MENTAL HOSPITAL.

November 5th, 1936.

Visiting this hospital to-day we found on the books the names of 470 patients, of whom 467 (male 232, female 235) are in residence. During 1935 there were 68 direct admissions. Of these 1 male and 6 females were voluntary patients and 1 of each sex were temporary patients—low figures on which the rates for the current year show only a slight improvement. The advantages of the Mental Treatment Act will we hope be increasingly understood and

applied. The accommodation returns show a deficiency of 38 male and 21 female vacancies by day; a deficiency for 14 male and an excess for 13 female patients by night.

Enlargement of the hospital is proceeding gradually. The foundations have been dug for the new admission hospital; the wing extensions will be ready for occupation, it is hoped, in a few months; the extensions to the nurses' home are in hand and the foundations for the parole villa have been dug.

The whole question of increasing the canteen facilities is under consideration.

Considerable work is being carried out on the Recreation Ground, where levelling is in progress. This work employs a number of male patients and it is very satisfactory to hear that many of them have been persuaded to undertake it who have hitherto spent their days in apathy and idleness. Tennis courts and a bowling green have been made and the making of a wide path on which the patients can walk right round the grounds is also providing employment and will be an asset to the hospital.

A new activity is in the form of a Staff Social Club, with a satisfactory high membership and activities which include cricket, football, tennis, choral singing, billiards, bridge, badminton and a literary society. Such recreations must do a great deal for those whose daily work is given to the care of the patients and should help to attract keen and active recruits to the nursing service.

Recreations for patients have made considerable progress. A "talkie" cinema has been installed and gives much pleasure, dances are now held once every three weeks, and the first Annual Sports Day of the hospital, held this summer, was we understand a great success, as were the fancy dress carnivals in the winter. Putting greens, a new billiards table, and out-door draughts are among the new facilities. Charabanc outings, as formerly held, have been continued.

The clothing of male patients has been improved by the introduction of different materials and patterns; during our visit we felt that there was still room for improvement in the care of the clothing and the encouragement of tidiness and the self-respect this favours. For the women patients, dresses and underclothing are being modernized. On both sides of the hospital there is still a stock of the older clothing to be used, but the move which has been made is in the right direction. We discussed with Dr. Bamford and his staff the possibilities of devising means of storing the clothing to prevent the overfilling of the store-rooms for men's clothing and the practice of bundling up the dresses of the female patients instead of hanging them, at night.

While going round the wards we saw a number of mentally defective patients of both sexes. While some of the men have psychotic symptoms which make their care in mental deficiency institutions very difficult, there are others who could well be treated elsewhere.

The dietary has been altered so that there is now a three-weekly rota. The mid-day meal we saw to-day was well cooked and served. Arrangements for better heating of plates and more efficient transport of food, both obviously necessary, are under consideration and when provided will be useful in view of the extension of the hospital.

The weekly maintenance charge per head for home patients is 24s. 6d.; for private patients varies from 42s. to 52s. 6d. The average weekly maintenance cost is 26s. 1½d.

Patients on parole within the estate are male 35, female 16, total 51, and beyond the estate male 25, female 14, total 39.

The nursing staff consists of 7 male charge nurses, 29 ordinary and 7 night nurses, of whom 36 are certificated or registered as mental nurses, and 5 female charge nurses, 31 ordinary and 7 night nurses, of whom 17 are certificated or registered.

Occupation therapy to-day employed 12 male and 37 female patients; there is scope for increase of this form of treatment, and we are glad to know that this is likely to take place.

The wards and dormitories generally were clean and tidy and the green plants in the entrance hall and in some of the wards did much to give a bright appearance to the hospital.

We saw, we believe, all the patients in residence and talked to many of them, finding them on the whole very quiet and contented, and apart from requests for discharge from those whose mental state does not justify that step, they were free from complaint. We gave a private interview to one patient.

We were interested in the central library which is voluntarily run, very successfully, by the Chaplain, but should like to suggest that patients who come to change their own books might enjoy the quiet of this room in which they could read, if a few comfortable chairs were provided, and if space allowed for a table or two, they might like to write their letters here.

While on the library question we should like to suggest that a small technical library might be supplied in the new portion of the nurses' home.

We were pleased to meet the dental surgeon, Mr. Ellis, during our round, and to hear from him about his work, and glad to know that dentures are now supplied to patients when necessary.

His dental equipment appeared to be an up-to-date one.

Good work is being done in the laboratory in blood and cerebro-spinal fluid examinations, agglutinations, etc., in addition to the ordinary routine testing, all under rather cramped conditions, which will be much improved when the proposed extensions are carried out.

The mortality rate for 1935 was 3·3 per cent. (3·7 male and 2·9 female) which is much below the 6·8 per cent. which is the average for all mental hospitals in England and Wales.

The general health of the patients since last visit has been very good. The only zymotic diseases reported being one case of enteric fever and 3 of dysentery, all on the female side. In none of these cases could the source of infection be traced—there are several patients who have had these diseases some years ago, but with the exception of one, an enteric, they did not give positive evidence of being carriers. This carrier had had no communication with the fresh case.

We discussed with Dr. Bamford the steps he was taking to prevent the dissemination of these diseases, of which at our visit there were 1 enteric and 2 dysentery cases under treatment.

Regarding tuberculosis, there was only one male case under treatment at our visit.

The patients in bed, both in the wards and on the verandah, showed evidence of skilful medical and kindly nursing attention.

Since last visit there have been 19 deaths, and in 14 cases post-mortem examinations were held. The principal causes of death were :—Heart disease 7, general paralysis 5, and epilepsy 3.

During the same period there has only been one accident, in which a patient fractured his skull by slipping on the ward floor during a struggle when he forcibly tried to push his way out.

We were pleased to hear that the out-patient clinic is now held fortnightly at the Victoria General Hospital, Newcastle-on-Tyne, which is a much more suitable place than the Department of the Medical Officer of Health, Gateshead.

Dr. Bamford has the assistance of Dr. T. F. Main, to whom we were interested to hear the Committee has given facilities to visit Edinburgh to see the hypoglycæmic shock treatment of schizophrenia which is being carried out there. We should like to thank them for their help during our visit. We were glad to have the opportunity of meeting two members of the Committee, Councillor Telford and Councillor Burdon, who were here to-day.

HULL CITY MENTAL HOSPITAL.

September 8th, 1936.

When we visited the hospital to-day the medical superintendent, Dr. J. S. Anderson, was on his holiday, but the deputy medical superintendent, Dr. J. MacInnes, and Dr. Main, gave us every information and assistance, and we are grateful to them. We learned that Dr. Anderson is retiring next month, and that Dr. MacInnes has been appointed to succeed him. We take this opportunity therefore of wishing Dr. Anderson every happiness in his retirement, and of congratulating Dr. MacInnes.

There are resident at present in the hospital a total of 946 patients (454 M. and 492 F.) of whom 26 M. and 16 F. are voluntary and 1 M. and 5 F. are temporary patients. During 1935 there were 211 direct admissions (111 M. and 100 F.) of whom 25 M. and 19 F. were voluntary, and 5 M. and 14 F. were temporary patients. There were 100 discharges during the same period (46 M. and 54 F.), and 64 patients died (39 M. and 25 F.).

We believe we saw all the patients in residence, and we spoke to all who appeared to desire to converse with us. The patients were orderly and quiet, and appeared contented and happy, and many of them spontaneously spoke of the kindness they received from the medical and nursing staffs. It was evident to us throughout our visit that a reasonable latitude is allowed to patients, and the result is a comfortable home-like atmosphere which is most pleasing. In female ward 5 there is a small imbecile boy who should be removed to a colony for mental defectives when arrangements can be made.

Generally, we found day-rooms and dormitories in very good order, and in the former there was a generous supply of plants and flowers, while in some of them excellent new oak floors have been laid down.

In the dormitories lath beds are still commonly used, and we should like to suggest that, as occasion offers, they should gradually be replaced by ones of a more modern pattern. Many of the existing beds have been repaired from time to time, and are due for replacement. In this connection we noted that bed-space is not marked up in the dormitories—this should be done.

We observed also in some of the sanitary annexes that toilet paper was absent, and we hope that it may be found possible to augment considerably the supply of hand towels for patients' use. The present allowance might well be doubled. In all the wards glasses and teacups and saucers are in use—a feature which is most certainly a matter for congratulation. The patients' clothing is, on the whole, very good, but that of the male patients is in need of improvement in that most of the suits at present being worn are old and rather shabby. Such of the patients however as possess suitable clothing of their own are allowed to wear it. Patients have their own night-shirts and night-dresses, but in some cases name tabs are absent—e.g. in male ward 6. In this connection we were sorry to see that clothing and other articles continue to be stamp-marked, and we hope that, in the interests of economy as well as of good appearance, marking with thread may soon be introduced. Stamp-marking with ink undoubtedly rots clothing sooner or later, and one of us saw some rugs, made in the occupation rooms, which had been rotted into holes where the ward mark had been stamped.

Very good progress has been made in the hospital in the extension of occupation therapy, and among other useful and attractive articles we noted specially a large number of exceptionally good wool rugs and some really excellent terrazzo tiles—the latter having been made on the male side. On this side there are made also such things as concrete flags and garden edging, sink tops, coir mats and bird cotes, while activities in the wards include rug making, and the manufacture of envelopes. On the female side, rug making, embroidery, sock knitting and the making of bed-jackets and wool hats, are some of the more important handicrafts. On this side there are two small occupation rooms, and a small sewing room—the latter too small, but an extension of it is contemplated. The erection of an occupational pavilion is also under consideration, and we are sure that it is much needed, and that it will prove to be invaluable. One of us saw this morning a class

of 30 women doing physical drill, and there is also a class on the male side. Since last visit a company of Girl Guides has been formed—a most important and valuable innovation which we were extremely glad to find. The company, which is being trained by an enthusiastic member of the nursing staff (whom we should like to congratulate on the results already achieved), consists at present of 12 female patients, who expressed to us their great pleasure in the work. We are sure that the work done in this connection is most beneficial, and we hope from time to time it may be extended.

In addition to the work already mentioned a number of men are employed in the various shops—in the joiner's shop there might, we suggest, be made a further supply of coat-hangers and boot-racks, articles in which the hospital generally is somewhat deficient.

The laundry and kitchen we found to be in good order, though the former is decidedly small for a hospital of this size. In it, since last visit, there have been installed a new steam twin press, and a washing and ironing machine, the press in particular being a most useful addition.

Since last visit the new villa, villa 3, for female patients has been completed, and it is now in use. It is in every respect a most admirable building, and an addition to the hospital upon which the committee are to be heartily congratulated.

The admission hospital is not yet in use as such, but it is hoped that the defects in the heating plant have now been remedied, and when it has been put in order by repairing the ceiling, etc., which have been opened in the course of the work done on the heating apparatus, it will be occupied. In this block are situated the dental room, operating theatre (with anæsthetizing and sterilizing rooms), X-ray room, ultra-violet ray room, and clinical laboratory. These are in use, and they are in all respects modern in design and equipment. Here also is an inductotherm machine.

The patients' dietary is generous and varied, and to-day we saw being served an excellent dinner, well cooked and served, consisting of beef, potatoes, broad beans, and bread, followed by rice puddings. A modern electrically-heated trolley is used to convey food from the kitchen to the villas, but a large number of patients of both sexes take their meals in the dining hall.

The average weekly cost of maintenance is 24s. 4d. There is silent film apparatus in the dining and recreation hall, but we hope that talking picture apparatus may one day be installed.

The present nursing staff consists of 36 charge nurses (21 M. and 15 F.) and 124 ordinary nurses (56 M. and 68 F.), of whom the night nursing staff comprises 9 male nurses and 12 female. No women nurses are employed on the male side. Fifty-five of the male nurses and 24 females are certificated or registered as mental nurses.

There is a sister tutor, and in the nurses' home there is a good lecture theatre, well equipped with models. But we think that some further provision in the way of text-books is needed here.

During 1935 the average number of patients resident in the hospital was 416 males and 455 females, or 871 of both sexes. The mortality rates are respectively 93, 54, and 73 per 1,000, which is approximately that in mental hospitals generally.

The number of deaths since last visit is 85, and in 62 of these cases post-mortem examinations were held. In the case of 1 male and 3 female patients bed-sores existed at death. The chief causes of death were enteric fever 1, tuberculosis 8, general paralysis 11, heart disease 25, and pneumonia 19. Two inquests have been held during the period under review, the causes of death having been respectively misadventure and syncope. Full details of these cases were reported to our Board at the time.

One case of enteric fever occurred since last visit, and was not followed by others. At present 3 male and 4 female patients suffer from tuberculosis.

During the period under review 6 fractures of bones, and 1 dislocation occurred. So far as is known all these casualties were due to accidental causes.

At the time of our visit 128 patients were in bed, and a large proportion of these cases were being nursed out of doors on the varandahs. All the patients in bed appeared to be carefully nursed and the 7 cases of tuberculosis were properly supervised. The clinical room on the male side is not yet adequately equipped, and possibly a more suitable room may be available in the future. We regret that it has not up to the present been found possible to provide a room in each group of wards, if not in each ward, as such rooms would be of the greatest assistance to the medical officers in their periodic examination of the patients, and particularly so if the loose-leaf case sheets were kept there in suitable cases instead of at the medical office. We feel sure that these matters will receive consideration during the reorganization which will necessarily follow the occupation of the admission hospital.

In the course of our visit we were fortunate enough to meet the Deputy Chairman of the Committee, Alderman Turner, with whom we discussed many matters relating to the hospital. We have found our visit to-day most interesting and enjoyable and we have noted with much pleasure the numerous alterations and improvements which have been made since the visit of our colleagues last year.

IPSWICH MENTAL HOSPITAL.

December 8th, 1936.

Our visit yesterday and to-day has been made during particularly cold weather which has rendered more prominent the inadequacy of the existing ward fires but we received no complaints from patients on this score or on any other, save that one or two expressed a wish to return home. Nor is there any feature of the sickness in the hospital to suggest the existence of undue exposure to cold. The problem of heating is at present under consideration.

The wards are clean and afford a certain measure of homely comfort; the linoleum in some rooms, however, needs renewal. The lavatories are properly kept and, although erected many years ago, are of a high sanitary standard. There are bedside lockers for the sick but no similar conveniences for other patients whose personal belongings are kept in their dormitories or in the ward stores which are usually over-full. A corner of male ward III has been fitted as a wardrobe for suits and overcoats which are suspended on hangers behind curtains; this device seems to suffice admirably for this ward of quiet patients. Overcrowding is noticeable in certain dormitories on the women's side where the excess of beds on the night space is now 48; on the men's side it is only one. Overcrowding by day is 3 on that side and 58 on the women's. The prescribed accommodation is: by day, 159 M., 149 F., total, 308; by night, 161 M., 159 F., total 320; and the number of patients in residence, 162 M. 207, F., or 369 in all.

It is pleasing to record the increasing use of the Mental Treatment Act; during 1935 nearly 70 per cent. of the admissions were under Sections 1 or 5 and, so far this year, the percentage is over 74. At present the numbers of patients in the several groups are:

						Voluntary.	Temporary.	Certified.
Men	...	...	...	...	...	20	4	138
Women	...	...	...	...	...	34	3	170
						54	7	308

One man and two women are away on long leave or trial. Fourteen men are of the service or ex-service class, one of whom is a voluntary patient and 13

other men and 21 women are private patients, 5 of each sex being on a voluntary basis.

The average weekly maintenance cost as ascertained last February is 23s. 2³/₈d.

The death rate for the year 1935 was 79 per thousand. Since the visit of our colleagues on June 14th, 1935, 41 patients have died. Heart disease has been responsible for 18 deaths and senile decay for 6.

No inquests have been held and there has been only one major injury, the case of a woman who fell down and broke her leg. It is very satisfactory to be able to report that this is the second year in succession in which only one case of fracture has occurred. We associate the excellence of the nursing care with this record.

There has been a complete absence of epidemic or zymotic diseases such as influenza, enteric fever and dysentery.

Tuberculosis has been the cause of 2 deaths. At the present time the hospital is believed to be free from this disease. The very thorough ventilation of the wards and dormitories and an excellent dietary are, no doubt, the chief factors in this attainment.

We note that the amount of sedatives and hypnotics used in this hospital is very small and at the same time we are able to report that we heard comparatively little noise during our visit. We have seen a considerable number of patients occupied on the women's side, but kindred arrangements on the men's side await development. Physical training, however, has been started on both sides and it is hoped presently to provide suitable costumes. We are glad to learn that an enlargement of the accommodation for the women's occupation centre is contemplated.

Since the last visit the equipment of the laundry has been modernized by the following additions: a new four-roll ironing machine, 2 new hydro-extractors, a battery of electric irons and a steam jet for sterilizing containers.

Other improvements about to be undertaken are, the erection of a new central stores and of offices, a butcher's shop with 2 refrigerating plants, a new entrance lodge and a pair of semi-detached staff cottages as well as the enlargement of the kitchen.

Although the dietary differs week by week generally in the menus of the 3 chief meals of the day, certain dishes are repeated on the same days in consecutive weeks.

We visited the farm and were very favourably impressed with the thoroughness of the hygiene and of the care of this remarkable herd. No patients are employed in milking.

The present staff of nurses consists of 6 charge, 42 ordinary and 8 night nurses. Fourteen male nurses and eleven female nurses hold nursing certificates whilst 14 others have passed the preliminary examination. In view of the increasing amount of work falling on the medical staff since the passing of the Mental Treatment Act and of the general advance in the treatment of mental diseases, the Committee of Visitors wisely decided to appoint a third medical officer. Dr. Schneider was selected and took up the appointment a fortnight ago.

We are indebted to Dr. Banbury and to his deputy, Dr. Maccallum, for their assistance during this interesting visit.

CITY OF LEICESTER MENTAL HOSPITAL.

August 5th, 1936.

We have to-day completed our annual visit to this hospital on behalf of our Board. During the course of this visit we have had the valuable assistance of Dr. Dixon and his medical staff with whom to discuss various matters as they arose.

We were generally pleased with the administration and the arrangements for the comfort of the patients, none of whom had any complaints to make, except on the score of detention, and none asked for private interviews;

we did, however, remark on the overcrowding referred to later and on the barren condition of some of the ward gardens in which we venture to suggest that further attempts be made to improve these gardens by flower beds.

The wards and day-rooms are well kept; the profusion of cut flowers and pot plants as well as birds adding a pleasing note to the former which are also well provided with newspapers on stands and with a large number of books to suit all tastes. Plate warmers heated from the domestic hot water supply have been installed in most wards and will, in time, be found throughout the hospital. In some wards on the male side basins instead of teacups are in use—we discussed this with Dr. Dixon and we have no doubt that he will consider the desirability of making an alteration.

Since the visit of our colleagues in October, 1935, a canteen has been constructed and is much appreciated. Also Humberstone Lodge has been acquired and converted into a home for voluntary patients—12 of each sex. This home is now known as the Francis Dixon Lodge as a perpetual memory to Dr. Dixon, who conceived the idea and has done so much to bring this hospital up to date. We congratulate the committee both on the excellent arrangements thus made for this category of patient and on their choice of name. At the Francis Dixon Lodge we drew attention to the w.c. doors which can be locked by the patient—this matter will have attention.

We visited the new farm buildings now in course of erection and heard from the farm bailiff as to how the various parts were to be allocated. From his description we feel sure that the new buildings will place this department of the hospital in a position to supply all the needs of the hospital under modern hygienic methods.

Northfield House, where farm patients were formerly housed, is now closed and these patients are temporarily absorbed into the main building pending the erection of a male parole villa now under consideration.

Occupation therapy in this hospital may be said to be still in its infancy—it is not yet thoroughly organized and therefore the regressed and unoccupied patients for whom so much improvement may be expected have not been touched in so far as handicrafts are concerned. Dr. Dixon is well aware of this position and hopes in time to extend the existing classes now held for both sexes. In one important direction, however, a real start has been made; to-day we have seen two classes, one of males and the other of females, receiving instruction in physical exercises and all these patients were of the type above referred to. We hope that the slow response made will not dishearten the instructors, as from experience we can speak of the surprising results, sometimes after months of patient labour.

From returns made to us there are to-day 1,037 patients on the books and in residence of whom 427 are males and 610 are females. Thirty-four of each sex are on a voluntary footing and the remainder are certified patients. Private patients number 71 and include 40 service or ex-service and there are also 29 out-county patients. No patients are boarded out.

Four male and 5 female wards are administered on the open door principle with access to their gardens, and one ward on the female side is open to the grounds. In addition to this freedom 57 male and 36 female patients have parole beyond the estate, while 94 and 86 respectively enjoy freedom within the grounds.

The weekly maintenance charge per head for home patients is 23s. 11d., for private patients this varies from 24s. 6d. to 3 guineas. The average weekly cost as last ascertained is returned to us as 23s. 2.7d.

The total day accommodation is for 363 men and 566 women and by night it is for 375 men and 640 women. From these figures it is seen that there is a shortage of accommodation by day of 64 on the male side and of 44 on the female side, but by night there is overcrowding only on the male side by 52, whereas there are vacancies for 30 female patients.

These figures of course represent the gross increase or decrease of patients over accommodation and do not represent a true picture of individual wards

such as the sick and infirm wards or of observation dormitories in which certain patients needing such care at night time are accommodated and who during the day are in their own wards. These conditions will be relieved on the male side by the erection of the male parole villa replacing Northfield House, but the main relief will not be obtained until the male and female sick hospital and also the reception hospital contemplated in the near future have been erected.

The average number of patients resident during the year 1935 was 421 males and 622 females—a total of 1,043. The mortality rate per centum for the year for both sexes was 7.4; approximately that for mental hospitals generally, though that for males (9.7 per cent.) was considerably above the average of 7.1 per cent. for mental hospitals generally.

Sixty patients have died since the last visit and in no fewer than 55 of these (92 per cent.), post-mortem examinations were conducted. Of the 60 deaths, 34 occurred in patients over 60 years of age. Amongst the causes of death the most important were 12 from organic brain disease, 18 from heart disease and 12 from pneumonia, senile decay being recorded as the cause of death in only 4 instances. Two inquests have been held since the last visit and the circumstances of these have already been reported to our Board. The verdicts in both cases were death from natural causes.

Since the last visit 7 cases of dysentery, 1 of scarlet fever and 1 of erysipelas have been recorded. From 6 of the 7 cases of dysentery the Sonne bacillus was recovered. From the remaining case no dysentery bacillus was isolated, but the patient had twice previously suffered from the disease. At the present time 3 patients are suffering from tuberculosis and 1 from erysipelas.

Twelve serious but not fatal casualties have occurred during the period under review. With the exception of dislocation of the head of the right humerus, all were accidental fractures of bones and one of them occurred from a fall before admission.

During our tour of inspection we were impressed by the heavy and stuffy atmosphere of many of the wards which seems largely due to the insufficiency of the existing window openings. The only verandahs are those attached to the male and female infirmaries, but we are informed by Dr. Dixon that he hopes in the future to remedy this deficiency. In the male verandah in close proximity to the rest of the cases 3 tuberculosis patients are being treated—an arrangement which is far from ideal. We discussed this with Dr. Dixon and another method will be adopted.

We noted the large number of cases of recorded and presumably recovered dysentery scattered throughout the wards, and regret that these are not isolated in separate wards or discharged from their cards as the result of repeated bacteriological examination. If the former course should, for administrative reasons, be impossible we trust that the latter will be adopted.

In the wards generally we noticed that specially shaped or suitably marked brushes are not used for scrubbing the floors of lavatories, but that old or otherwise useless brushes are employed for this purpose. We hope that brushes of unmistakable type will in future be brought into use for this purpose, and that they will be kept in a special place in close proximity to the lavatories.

We inspected the laboratory and the X-ray room. We noted with satisfaction that the pathologist and his assistant make their own media and carry out the whole of the necessary bacteriological examinations and also a good deal of valuable clinical pathology.

Much useful X-ray work is done with this somewhat antiquated equipment and we find that it is the custom to store the films with the respective case sheets instead of their being indexed and stored in a special fire-proof container. In view of the great inflammability of the majority of X-ray films this is undesirable.

We were very pleased to see the well-equipped room in which the nursing lectures and demonstrations take place and are satisfied that the efficiency

of the nursing staff will be much furthered by the teaching and training which such satisfactory arrangements render possible.

Out-patient clinics are provided at Tower House on Wednesday afternoons and at any time by appointment and at the Leicester Royal Infirmary every fortnight, these latter alternating with others conducted by the staff of the Narborough Mental Hospital. A further clinic has been provided and will shortly be opened at the Francis Dixon Lodge.

The nursing staff consists of 65 male and 92 female nurses, 10 of the former and 11 of the latter are on night duty. Twenty-nine of the male and 31 of the female nurses are certificated or registered as mental nurses while 11 and 25 respectively have passed the preliminary examination.

Dr. Dixon has to assist him Dr. T. W. Davidson as Deputy Superintendent and pathologist, Dr. A. J. Bain as senior assistant and Drs. P. H. Flockton and W. A. S. Falla, assistant medical officers—the latter having taken up his appointment to-day.

Since writing the above 1 patient has asked for and been accorded a private interview.

CITY OF LONDON MENTAL HOSPITAL.

January 20th, 1936.

We have to-day paid the annual visit of our Board to this well-equipped and progressive mental hospital. The medical and nursing care enjoyed by the patients are of a high order and those patients with any degree of insight were anxious to-day to inform us of their appreciation of all the efforts of doctors and nurses to make their lot as happy as possible.

The hospital buildings are, of course, old and structurally somewhat out of date. This is particularly noticeable in those parts of the building where the side-rooms and dormitories have unplastered walls. Unplastered brick walls look bare and take away from the general atmosphere of comfort which pervades the hospital. We hope that the committee will find it possible gradually to plaster the walls, particularly in the side-rooms. We would also like to see a lighter scheme of decoration of the walls and woodwork of some the wards. Bright colours would do much to lighten those day-rooms which are somewhat dark.

We have seen all the patients in residence, 623 in number. Of these 263 are men and 360 women. At the present time 64 patients are here on a voluntary basis and 4 are on a temporary footing. Three men and 9 women are out on leave or on trial, giving a total on the statutory books of 635.

During 1935, of the total direct admissions of 77 in number, only 18 came in under certificate. Of the remainder, 47 came in voluntarily and 12 were admitted as temporary patients. These figures we consider most satisfactory.

Private patients number 401—151 males (17 in the service and ex-service class) and 250 females.

We have talked to all the patients who showed any desire to converse and gave three private interviews. Complaints were remarkably few—one made by several patients in one villa that the meat at dinner was tough, we tested by tasting the meat which we found of excellent quality and not unduly tough.

The wards are not overcrowded by night but there is a shortage of day-space for 35 male and 48 female patients.

The maintenance rate for rate-aided patients is 26s. 10d. and for private patients from 30s. 7d. to 4½ guineas a week. The average weekly maintenance cost is 37s. 10d., which includes a weekly charge for buildings and repairs of 6s. 6d.

Great attention is paid at this hospital to the dress of patients. Whilst all private patients wear their own clothing, the clothing of the rate-aided patients is unusually good. The undergarments are individual and marked with the patients' names. We regard this method as the ideal one. We discussed with Dr. Robinson the possibility of substituting for marking in ink,

marking in coloured cotton by means of a special machine and he has promised to look into the matter. We also noticed that the laundry is very careful in its washing of flannel and woollen articles and that the linen is turned out a most excellent colour.

Much attention is also paid to smaller details of the patients' toilet and general comfort. As an example all brushes and hair combs are washed daily, also each patient has a clean towel daily.

We were interested to learn that it is hoped to open a barber's shop where all male patients can be shaved and have their hair cut. This will avoid these operations being carried out in the wards and we welcome the innovation. On the female side a visiting hair-dresser comes to the hospital once a fortnight and some 40 of the female patients who have parole beyond the estate visit a hairdresser in Dartford. If, however, the barber's shop proves a success, we hope that a similar experiment will be tried on the female side of the hospital. Many patients who take no interest in their appearance could then have their hair neat and tidy and ordered in as becoming a fashion as possible.

The patients enjoy a great deal of liberty at this hospital. In addition to the 40 ladies already mentioned 68 gentlemen have parole beyond the estate, and 110 gentlemen and 120 ladies parole within the grounds.

Amongst the many improvements which have taken place since the last visit we should like to mention particularly :—

The improvements to the cinema performances by the purchase of a second talking apparatus, thus enabling a continuous performance to be given, and the treatment of the roof by means of a muslin screen which has greatly improved the acoustics.

The kitchen has been enlarged by the provision of a new scullery and a passage joining two hitherto separate parts together.

Recently a new reference library for the patients has been started. It is gradually being stocked with standard works of reference and also with the more intellectual daily and weekly newspapers. There are also writing tables for the use of patients.

The female occupation room has been altered and enlarged recently and alterations are in progress to a building in Invicta Road, which was formerly a chapel, to make it suitable as a centre for handicrafts for male patients. It should be most useful for this purpose. We feel sure there is further scope at this hospital for the development of arts and crafts along the line of hobbies for patients and undoubtedly the provision of centres on both sides of the hospital for occupations will result in a spread of this valuable method of creating new interests for the patients.

We should also like to see classes of physical drill on both sides. A good deal of work is being done in other hospitals upon physical culture lines, and it has been found to be of considerable value. We have discussed the possibilities here with Dr. Robinson.

We gave careful attention to the methods adopted to the hygienic cleanliness of both wards and sanitary annexes and are quite satisfied that these important points are receiving proper attention.

There were 36 male and 52 female patients confined to bed, of whom 15 and 27 respectively were there for mental reasons, 16 males and 3 females for physical reasons and the remainder on account of senility, a very small number considering the advanced age of the majority of the patients at this hospital.

The nursing arrangements are excellent and as much use as possible is made of the open-air verandahs. From the bed patients also we received many expressions of gratitude for the care and comfort given to them.

The mortality rate for 1935 of 59 per thousand will probably prove to be below the general average for our mental hospitals during this period. Since the last visit 12 male and 13 female patients have died from various causes, chiefly from the circulatory failure of senility, and in no instance was an inquest necessary. Zymotic diseases have been entirely absent, but there are

4 male and 1 female patients suffering from tuberculosis at present who are being nursed under open air conditions : there has been 1 death (male) from this disease during the period under review.

Six patients—all women—have sustained non-fatal injuries during the past 7 months. All of these with 1 exception (an attempted suicide) were fractures caused by slipping or falling accidentally in patients between the ages of 53 and 80.

The present staff of nurses consists of 7 male and 10 female nurses of charge rank, 35 male and 44 female ordinary nurses, and 4 male and 9 female nurses on duty by night. Thirty-three males and 26 females are certificated or registered as mental nurses and 6 males and 10 females have passed the preliminary examination

MIDDLESBROUGH MENTAL HOSPITAL.

September 10th, 1936.

We have to-day paid a most interesting visit to this hospital, and at the beginning of our report we wish to congratulate Dr. H. G. Drake-Brockman, the Medical Superintendent, and his committee on the important additions and alterations which have been made since the visit of our colleagues last year. Perhaps the most important are the completion of the new nurses' home, and the reorganisation and re-equipment of the kitchen.

The nurses' home is one of the finest in the country, and we have nothing but praise for the general lay-out, for the manner in which it is furnished and equipped and for the ingenuity and forethought which is shown in the economical use of floorspace. Nothing had been omitted which could add to the comfort and convenience of those who reside in the home, which is connected with the main hospital block by a well-lit covered corridor which enables nurses to go to and fro without the necessity of braving the weather, which in winter in N.E. Yorkshire is apt to be inclement.

The kitchen has been entirely re-planned, and it is now equipped with excellent modern appliances. These include a new fish frier, a new gas range, boilers and steamers, a mixer, and a most efficient and convenient gas water-boiler.

A new meat store is almost completed, furnished with purple glass and gauze double windows—a most useful acquisition. We have suggested to Dr. Drake-Brockman that here a gauze door might with advantage be added, to prevent the ingress of flies when the door from the hospital corridor is opened. In the meat store a modern meat-slicer has already been installed.

The wards and day-rooms are in general in very good order, and a good deal of redecoration is in progress on the male side. On the female side the existing wallpapers give the day-rooms a very depressing air, but the redecoration of these rooms will, we understand, be undertaken when the work on the male side is complete. In some of the wards there is a good supply of pot-plants which in others is absent, and generally speaking we thought that the supply of flowers was less than might have been expected at this time of the year—in contrast with the hospital grounds, which to-day were vivid with colour supplied by well furnished beds of dahlias, asters, and other plants.

Many of the sanitary annexes on the male side are being improved and new sluices added, and in this connection we were glad to note the excellent condition in which these annexes are kept throughout the hospital. We observed that in the lavatories there is not a convenient hot water supply, and we venture to hope that this is a matter which will be considered when any future improvements are in contemplation. The supply of hand towels is adequate.

Ward store-rooms are particularly good, though the existing arrangements for storing overcoats leave much to be desired. This, however, is a matter which is receiving Dr. Drake-Brockman's attention, and we mention it only because it is at present conspicuous by comparison with the methods used for storing other articles of clothing.

In the dormitories we were glad to see that chairs were provided, and we should like to suggest that bedside rugs or mats, such as could be made by the patients themselves, would be a useful addition which would add to the comfort and appearance of the wards. In all the wards cups and saucers, and glasses for drinking are in use.

There were to-day 512 patients resident in the hospital, 264 males and 248 females, of whom 2 males and 7 females are voluntary patients. The remainder are detained under certificate.

During 1935 there were 94 direct admissions (42 M. and 52 F.) of which 11 M. and 13 F. were voluntary patients. No temporary patients were admitted. Discharges numbered 36, 18 of either sex, and 53 patients (26 M. and 27 F.) died.

We saw, we think, all the patients in residence, and conversed with all those who desired to speak with us. Except for a very few appeals for liberty, we received no complaints of any kind, and have no doubt that most kindly relations exist between the patients and the medical and nursing staffs.

About 30 of the female patients are employed in handicraft work of various kinds, and a large number find occupation in the kitchen, laundry and sewing-room. In the latter a great deal of new clothing is made, and all the repair work is done there. On this side a good beginning had been made with folk-dancing and eurhythmics but these activities have had to be suspended temporarily, for lack of a skilled piano player. It is hoped however to provide in the near future a gramophone, with a supply of suitable records, which will enable the classes to be resumed.

On the male side, while large number of patients are employed in and about the hospital, as many as 54 men receive instruction daily in physical training. Cricket and football, as well as bowls, are played, and, on the female side, croquet sets are provided. There is an excellent cricket and football ground, most beautifully situated.

It is hoped to instal talking picture apparatus in the recreation hall in the course of the next few weeks, where concerts and dances are held from time to time.

The patients' dietary is generous and varied, and we were particularly glad to learn that at present green vegetables and salads, grown on the estate, are supplied daily.

The laundry, which has recently been redecorated, is in very good order generally, but in the foul laundry we observed that the lid of the hydro-extractor was being kept permanently open by means of a piece of wire. The lid should invariably be shut while the machine is in operation, and an efficient self-locking device to prevent the opening of the lid should be provided.

Important additions to the hospital which are now in progress include new quarters for male attendants with 10 beds, and a mess-room, kitchen, billiards room, and annexe, and a pathological laboratory. The equipment proposed for the latter is in every way admirable, and we are certain that Dr. Drake-Brockman and Dr. Riches, his assistant medical officer, will be able to do excellent and valuable work here. The existing small but useful laboratory will serve as an annexe.

As is known to our Board, it is hoped very shortly to begin work on the new admission block, an addition to the hospital which will be of the utmost value.

The mortality rate in the hospital for the year 1935 is 99 for males and 113 for females, or 106 for both sexes, per 1,000. This is much higher than in mental hospitals generally. The average number resident during 1935 was 500, and the general conditions under which the patients live is satisfactory, whilst the medical treatment is undoubtedly good. Possibly the fact that this district is one where economic conditions have been bad in recent years may be an explanation.

Since last visit there have been 31 deaths, post-mortem examinations having been held in 14 cases. The chief causes of death, which account for 27 of the 31 cases, were tuberculosis 2, general paralysis 4, heart disease 11, and pneumonia 10. No epidemic or zymotic disease has occurred during the period under review.

At present 4 males and 1 female suffer from tuberculosis, and 19 males and 14 females are confined to bed for various physical reasons.

Only one non-fatal casualty has occurred since last visit, an accidental fracture of the wrist. There have been 2 inquests, the cause of death having been respectively natural causes and suicide by hanging. Full details of these cases were reported to our Board at the time.

During our inspection of the means provided for diagnosis and treatment we noticed that dental work is performed by the medical officer in the operating room. Much is needed to render this room a suitable place for the performance of major operations, but we certainly think that dental work should be done elsewhere. In fact in view of the general condition of the teeth of the patients, we should like to see the allotment of a suitable room, properly equipped for dental work, and the engagement of a dentist to visit the hospital periodically but regularly to overhaul and treat the mouths of the patients.

The general arrangements for nursing the sick are highly satisfactory, though more of those who are confined to bed might with advantage be nursed on the verandahs.

The nursing staff number 86 (47 M. and 39 F.) of whom 12 (6 M. and 6 F.) are charge nurses and 65 (36 M. and 29 F.) are ordinary nurses. The night staff number 9 (5 M. and 4 F.). Thirty-one male nurses and 12 female nurses are certificated or registered as mental nurses and 6 of each sex have passed the preliminary examination.

There is an excellent lecture room, where an admirable beginning has been made in the collection of a really good series of models.

The average weekly cost of maintenance is 23s. 11.4d.

We have much enjoyed our visit to-day, and desire to thank Dr. Drake-Brockman, the medical superintendent, and Dr. Riches, the assistant medical officer, for the assistance and information which they so readily gave us.

CITY OF NEWCASTLE-UPON-TYNE MENTAL HOSPITAL.

November 4th, 1936.

To-day we completed the visit which we commenced yesterday.

There were in residence 1,117 patients, of whom 622 were males and 495 were females; of these 12 males and 4 females were voluntary patients, and 610 males and 491 females were certified. Two males and 1 female were absent on long leave or trial making a total of 1,120 patients on the books of this hospital. Private patients numbered 61 (47 males and 14 females), service and ex-service 46, whilst there were 47 out-county patients (17 male and 30 female).

We were pleased to note that 7 voluntary and 45 certified patients had been discharged as recovered since the beginning of this year. The total accommodation in this hospital, calculated according to the space allowance shows a deficiency for the males of 37 by day and 17 by night, and for females of 17 by day and 21 by night.

We believe we have seen all the patients, many of whom were in their airing courts enjoying the sunshine, and games such as netball, skipping and cricket.

We spoke to many and gave anyone who wished to speak to us an opportunity of doing so. We had no complaints except on the question of detention, and no patient who made such a request was fit for discharge. One private interview was granted. The patients were orderly, neatly dressed, and appeared contented.

The wards were in very good order and the posters added a pleasing effect to both wards and passages. This is a difficult season of the year to have flowers for the wards, but we were glad to see, especially in some of the male wards, quite a nice show of ferns and greenery.

The new furniture, especially the chairs and sofas made in the hospital, are substantial, comfortable and attractive in appearance. We were glad to note that most of the suggestions made by our colleagues at their last visit have been carried out. The wash-basins supplied with hot and cold water in the sick wards have been found most useful. Tooth-brush racks for the wards have also been supplied, and a liberal supply of tooth powder. The dentist, whom we had the pleasure of meeting, now visits more frequently, and is keeping up to date with the dental requirements. Dentures are supplied as necessary, and dishes for dentures in which they are placed at night are provided; each dish has the name of that patient painted on it, which is a very good plan. The occupational therapy classes are now well established and the numbers could be increased if accommodation would allow of this. Morning and afternoon sessions are held, but no patient attends more than one session a day so that there is no chance of the work becoming a drudgery. At the sessions we saw there were 41 usefully employed on the male side and 31 on the female side. All the patients were very pleased to let us see the work they were employed at. Since last visit 2 occupational offices have been appointed after having had a course of training at Cardiff Mental Hospital, and the results have been excellent. The articles made were various and all were well done; and were a credit to the instructor and instructress as well as to the patients. Many in the class told us how much they enjoyed the work and that they felt the better for it, and the change it allowed from their ward with the pleasure of meeting others. The farm villa is the residence of a very happy little community; we saw them just after dinner listening to the wireless before they started their afternoon duties. This villa is open to the garden. On the male side, north and south villas were very nice and comfortable, and the patients happy and contented. The villas were particularly neat and tidy. These villas are open to the grounds.

Parole is granted to 20 men beyond the estate and to 60 within the grounds.

The maintenance cost per head per week is 20s. 5d. for home patients, 29s. 2d. for private patients, and the average weekly cost as last ascertained was 20s. 5.2d.

The present nursing staff consists of 22 charge and 120 ordinary, of whom 26 are on night duty. The certificated or registered mental nurses number 93 (68 male and 25 female), while 19 (7 male and 12 female) have passed their preliminary only. On going our round we particularly noticed the friendly relations that existed between the nurses of both sexes and the patients. The canteen, which has been completed since last visit, is much appreciated by the patients; we should like to suggest as an improvement that provision of a few small tables, possibly with umbrellas, or a small tea-room where the patients could entertain their visitors, which at present they have to do in the passage. The open-air verandah to male 1 ward is very nice, and a great improvement.

The mortality rate for 1935 was 5 per cent., which compares favourably with that of 6.8 per cent., the average for all mental hospitals in England and Wales.

Since last visit there have been 76 deaths, post-mortem examinations being held in about 53 per cent. Tuberculosis was the cause of 2 deaths only. Three patients (1 male and 2 female) are under treatment for tuberculosis at present. In this connection the following figures are of interest :—

	Number of cases per 1,000 population.	Deaths per 1,000 population.
All mental hospitals	6.3	4.6
Newcastle City Mental Hospital	0.9	0.9

General paralysis was responsible for the deaths of 6 male patients and 1 female.

A number of cases previously treated, or awaiting treatment by malaria and tryparsamide, are in the wards at present. In his report for 1935, Dr. MacPhail draws attention to the good results of this treatment since it was begun here in 1928.

An inquest was held on a patient who died following scalds; the facts having been reported to our Board, no comment is necessary here.

Infectious diseases since last visit has been very limited. One member of the staff had scarlet fever, 2 male and 3 female patients had erysipelas, and 1 female patient had enteric fever. Laboratory investigations are carried out in all cases suspected of infectious intestinal diseases.

The casualties include 3 fractures and 1 case of bruising, all sustained apparently accidentally, though in two elderly, restless and confused patients the actual cause of the injury could not be ascertained.

The out-patient clinic continues to do useful work, 146 new patients having been seen and 473 consultations given in 1935.

We trust that more use will be made of the Mental Treatment Act as it becomes better known.

We understand that the plans for the proposed admission hospital are under consideration.

The case-books were kept very well and up to date.

From our own observations we feel sure that the provision of this accommodation for newly admitted cases, X-ray apparatus and other facilities would add greatly to the usefulness of the hospital.

Dr. MacPhail accompanied us on our rounds as well as Dr. Gray and Dr. Muckle, and we have to thank them for much useful information regarding the patients.

We should like to congratulate the medical superintendent and the committee on the improvements recently carried out, including the appointment of visiting specialists, which are all for the benefit and good of the patients.

NEWPORT (MON.) MENTAL HOSPITAL.

April 23rd, 1936.

During our visit yesterday afternoon and to-day we have been agreeably impressed by the bright aspect and clean condition of the wards, which on the women's side are tastefully decorated with attractive flowering plants. The dining hall tables also were similarly colourful during the patients' dinner.

An increasing provision of ward-lockers for patients' personal belongings is being made, and we saw some of a newer shape now under construction in the joiners' shop.

The 6 gardens in use by the 12 wards are kept tidy and well trimmed. There are no open-door wards, but 25 men and 4 women enjoy parole within the estate and 8 men and 1 woman parole beyond it.

Some addition to ward stocks of nail and tooth brushes and hand-towels is desirable, and it would be well to use brushes of distinctive shape to prevent the use of the same brush for floors and tables, both in wards and in the central kitchen. Ward inventories, when checked, could with advantage be dated. The delay in delivery of overcoats has left M.V. with a shortage of 14.

In one ward the bin for fouled garments was too small for the needs and its use had been supplemented by a large basket in which clean clothing is returned from the laundry.

The spraying of foul clothing in the special laundry with a jet of steam is of doubtful value since condensation occurs quite close to the nozzle, and the subsequent tank disinfection calls for some review of the strength and time factors of the liquid; the foul woollens are dependent on the latter process for disinfection.

The number of patients in residence yesterday was 201 men and 199 women which, together with 2 women now out on trial, makes a total of 402 on the statutory books. Six patients of each sex are voluntary; admissions of this kind are shown in the following table compared with other admissions during the past five years :—

						Voluntary.	Temporary.	Certified.
1931	...	...	...	...	...	11	—	77
1932	...	...	...	...	...	13	—	56
1933	...	...	...	...	...	15	—	51
1934	...	...	...	...	...	12	1	57
1935	...	...	...	...	...	13	1	57

These figures suggest that the benefits of the Act of 1930 have not been widely appreciated in the Borough and that some further endeavours are needed to make them known.

Although no objection appears to have been expressed by voluntary patients to the presence of three bedridden idiot or imbecile lads in the men's reception ward, their habits are calculated to be detrimental to the encouragement of voluntary admissions.

The direct admissions during 1935 were 28 men and 43 women; 42 patients left the hospital, of whom 31 had recovered. Patients admitted on transfer during the year numbered 13.

No money allowances were made to any of the 8 patients allowed out on long leave or trial.

Thirty-seven out-county patients are here from Staffordshire and 4 from other areas.

The day and night accommodation is 186 on each side of the hospital, and the number of patients in residence being 201 and 199 the excess over the prescribed space is thus 15 on the men's side and 13 on the women's side.

The average weekly maintenance cost as last ascertained was 25s. 5d., and the charge for home patients 24s. For private patients the charge varies from 28s. to 52s. 6d.

The death-rate for the year 1935 was 80 per 1,000. The number of deaths since the last visit, 11 months ago, has been 25, followed in 17 cases by a post-mortem examination, an increasing proportion. The chief causes of death have been heart disease (8), pneumonia (4) and tuberculosis (4). The general health of the patients has been good; there have been no cases of influenza enteric, fever or dysentery. Three patients are at present known to be suffering from tuberculosis, none of whom sleep out of doors.

At the time of our visit only 12 men and 23 women, which is less than 9 per cent. of the total patients, were in bed, nearly all on account of physical debility or senility.

There have been 3 simple fractures, each due to an accidental fall.

A part-time assistant visits the hospital four mornings weekly to take a handicraft class, two mornings being devoted to male and two to female patients. We saw the male class at work; this consisted of 15 patients engaged in rug-making, basketry, needlework and bookbinding; we also noticed some female patients doing embroidery in their wards yesterday, but there is still scope for the development of the use of occupation and, allied to this beneficial activity, for the introduction of physical training for the patients, especially the younger members of both sexes.

The dietary is arranged on the three-weekly rotation of menus and is well varied. The dinner we saw to-day was evidently much enjoyed by the patients.

The nursing staff of the wards consists of 12 charge nurses, 47 ordinary nurses and 8 for night duty. Nearly 71 per cent. of the male and 28 per cent. of the female nurses are certificated and 2 men and 7 women have passed the preliminary examination.

Dr. Mackay continues to be assisted by Dr. King, both of whom accompanied us during our tour of the wards.

Private interviews have been given to two male patients but no action is called for regarding them.

We feel assured that the care of the patients in this hospital is kindly and sympathetic and that their physical needs are promptly and efficiently dealt with.

CITY OF NORWICH MENTAL HOSPITAL.

October 16th, 1936.

We have visited this hospital during the past 2 days and we have seen all the patients in residence. Only 1 request for a private interview was made. On the whole the patients appeared quiet and well-behaved, the only exception being the patients in the female turbulent ward. Few complaints were made, and the suggestion made by 1 epileptic that he had been struck by a member of the staff we investigated carefully. We came to the conclusion that there was no foundation for the allegation and that the bruise of which the patient complained was in fact caused by his restlessness in a fit.

The number of patients in residence was 707—313 men and 394 women. Seventeen of each sex were voluntary and 1 woman a temporary patient. The admissions since the beginning of the year total 100, and of these 31 came in voluntarily and 3 on a temporary basis, the remainder being certified. The figures for temporary patients cannot be considered satisfactory. Knowledge of the provisions of Section 5 of the Mental Treatment Act apparently is not widespread in the City of Norwich, and we hope that efforts will be made to draw the attention of general medical practitioners in the City to the possibility of avoiding certification in suitable cases. Of 131 admissions during the last 12 months from Norwich, King's Lynn and Great Yarmouth, 85 were received direct from their own homes and 48 from Public Assistance Institutions.

Thirty-four men (29 in the service or ex-service class) and 6 women rank as private patients. The charge for them is from 31s. 6d. to 42s., whilst the charge for rate-aided patients is 24s. 2½d., which is equal to the average weekly maintenance cost.

One man and 5 women are out on leave or on trial, and 4 women are boarded out under the provisions of S. 57 of the L.A. 1890. The total number of patients whose names appear on the statutory books is therefore 717.

The hospital remains much overcrowded on the female side; the deficiency by day amounts to 26 and by night to 18. On the male side there is a deficiency on paper of only 5 by night, although we were impressed by the overcrowded appearance of some of the dormitories. The position on the male side has been improved by the opening in November last of a semi-permanent building known as "The Nest," with beds for 48 patients. This structure provides accommodation in very pleasant surroundings for some of the older men. We were glad to hear how successful the moving of these patients has been. Classification has improved and the men in consequence are better behaved.

Amongst the other alterations and additions since last visit mention must be made of the additional day-room to M.1, converted from the male mess-room. The room with its new bow windows is light and airy. It is used for ward occupations and also as a reading-room. We noticed here and elsewhere the new newspaper stands, which have been found very useful. One of us visited the nurses' home and the new annexe recently opened. The annexe provides a number of most comfortable bedrooms and is really a beautiful building.

A new electric bakery has also been constructed and equipped during the past 18 months.

The works in progress include the new admission hospital, planned on most generous lines, which is almost ready for occupation and which will

afford beds for 30 patients of each sex, and extensive alterations and improvements to the main entrance of the administrative block.

All these extensive works exhibit the desire of the visiting committee to make this hospital as up-to-date as possible. Perhaps inevitably the old buildings of the main block have had to await much needed modernization whilst the new additions to the hospital were pressed forward. We hope, however, that the extensive works needed will very shortly be put in hand. The sanitary spurs to all wards, except M.2, where the sanitary spur is in course of reconstruction, are entirely out of date and require to be reconditioned and in some cases rebuilt. There is hardly any provision to preserve privacy or decency and many of the w.c.'s are without doors. Indeed we think that as a temporary measure washable curtains should be hung over each. There is a lack of sluices everywhere, and we found chambers being washed in the patients' wash-basins in one ward. In the upstairs dormitories facilities for morning ablutions are entirely lacking—a few tin basins are the only provision. The dormitories of F.2 house 119 patients at night, and there are no wash-basins fitted with water except on the ground floor and all the patients wash in the inadequate supply of tin basins upstairs. There is no sluice here as elsewhere.

Wash-basins with hot and cold running water are needed in all dormitories where patients are nursed in bed. Particularly is one needed in the male sick ward. Here we thought it would be an improvement if all windows were lowered at least 1 ft. to enable the bed patients to have an outlook.

The heating system of the main block is quite inadequate and we were glad to hear that a scheme for renewing it is under consideration. We hope the works will shortly be put in hand.

We have discussed with Dr. Hall the possibility of improving the furnishing of some of the day-rooms on both sides. Much of the furniture in these rooms is obsolete and must be uncomfortable. Many of the day-rooms in question are also in need of extensive re-decoration, if possible in lighter colours. Store-room space is much needed in all the old wards and clinical rooms are also lacking at present.

We were very pleased to visit the hairdressing-room on the female side and to hear what a useful purpose it is fulfilling.

A certain amount of occupation therapy, coupled with physical training, is being carried out at this hospital, and Dr. Hall is obviously alive to the importance of extending this work. We feel that it might be helpful to him to visit some of the other mental hospitals where occupational treatment is a feature, and we have discussed this possibility with him.

The present staff of nurses consists of 2 male and 3 female sub-officers, 5 male and 6 female nurses of charge rank, and 42 male and 44 female ordinary nurses. Four men and 5 women act as night nurses. Twenty-nine men and 19 women are certificated as mental nurses and 5 men and 15 women have passed the preliminary examination.

No inquests have been held since the last visit, but 1 man and 7 women patients have sustained fractures, 3 being in the leg. Five patients fell through slipping, 1 fractured a finger bone through fighting with another woman, while the only man who was injured fractured his jaw in a suicidal effort.

Three cases of dysentery having the Sonne type of agglutination occurred between January and May of this year, 1 in ward M.3 and 2 in south villa. Three men and 6 women are regarded as tuberculous; in 2 cases the bacillus was found in the urine without clinical manifestations. Open-air conditions were provided for the affected patients.

There are about 8 per cent. of patients at present under treatment in bed for mental or physical states, several in addition to the above-mentioned being nursed in verandahs.

The death-rate during 1935 was 76 per thousand, the men's rate being 67 and the women's 82, compared with the average for all public mental hospitals of 71 and 65 respectively and an average of both sexes of 68.

During the 20 months under review there have been 89 deaths, 17 were due to heart disease and a like number to pneumonia; 6 were due to influenza, 7 to tuberculosis and the same number to general paralysis, 15 died of senile decay and 8 from various forms of cancer. Sixty-two of the 89 deaths were the subject of post-mortem examination.

Care is taken to disinfect the clothing and bedding of tuberculous and other infectious patients, but the treatment of fouled garments seems less secure on account of the variable time and doubtful adequate strength of the solutions used in the process. It is desirable that the labels of all disinfectant containers should give full directions for dilution and the time factor for effective use. A steam oven has been erected just outside the laundry for the disinfection of bins and the surrounding ground has been concreted.

Since the construction of an incinerator to consume refuse there has been a notable fall in the number of rats on the estate.

The milking of the new herd on the farm is carried out under hygienic conditions in a spacious byre and the milk is cooled prior to despatch to the hospital. We were much interested to learn that the herd spends the entire year out of doors, save for the milking times. The milk is bacteriologically examined from time to time.

It is with great regret that we have here to record the heavy loss this hospital suffered in July of last year by the death of its medical superintendent, Dr. David Rice, who had occupied that position for close on 29 years. During this time his energetic devotion to the interests of those under his care and to the advancement of medicine had been well-known to all who had the good fortune to meet him, and it is a fitting tribute to his strenuous endeavours in this City that the new admission hospital perpetuates his name.

The vacancy caused by Dr. Rice's lamented death has been filled by the appointment of Dr. Charlton Hall, M.A., who has been deputy superintendent here for a considerable time. We wish him every success in the development of the mental health service of the City of Norwich. We are confident from our discussions with Dr. Hall that he is animated by a most progressive spirit. Dr. Hall is assisted by Dr. Page and Dr. Constance Roberts.

NOTTINGHAM CITY MENTAL HOSPITAL.

May 12th, 1936.

Since the last visit of my colleagues 15 months ago the first part of the scheme to provide further accommodation at this hospital in proportion to the extended area of the city and to overcome existing overcrowding has been completed and was officially opened on the 7th inst. It consists of an admission hospital of 40 beds and 2 convalescent villas each of 22 beds—all for female patients for whom the accommodation is most pressing. In conjunction with this there has also been erected a nurses' home, and a house for an assistant medical officer.

This new unit, which will begin to receive patients next week, is entirely self-contained. The villas as well as the hospital—to be known together as St. Ann's Hospital—each has a separate kitchen and each has verandahs leading to well laid-out gardens giving views across the valley. The hospital is equipped with every aid to modern treatment including an operating theatre, continuous baths and other apparatus for hydro-therapy. The wards and side-rooms opening on to verandahs show very careful thought in construction, and in the furnishing of these and the day-rooms every consideration has been shown for the comfort of the patient and her mental welfare.

The completed scheme provides for the adaptation of the medical superintendent's house to accommodate 28 females, for a treatment centre for 60 of each sex, for an aged and infirm unit of 45 females, for a male admission hospital of 36 beds, for the adaptation of the isolation hospital for 20 male patients, and for 4 female villas each accommodating 45 patients. These additions and alterations will provide a further 116 male and 313 female

beds which together with the recent additions will bring the total accommodation of the hospital to 540 male and 833 female beds, an increase of 513 beds over the present statutory accommodation and 394 over the present number of patients in residence.

To keep pace with the extra accommodation additional buildings will be provided for male and female nurses, for the medical superintendent and for an additional medical officer; also the service departments—laundry, kitchens, etc.—will be extended and a male occupation centre will be provided.

There were to-day 979 patients in residence in the proportion of 448 males to 531 females, of whom 14 and 21 respectively were on a voluntary footing. Also 94 patients are boarded out at other mental hospitals under reception contracts. Forty female patients are at Bagthorpe Institution under section 26 of the Lunacy Act, 1890, and two of each sex are on trial, making a total on the books of 450 male and 573 female patients. These figures show an overcrowding by day by 62 on the male side and 89 on the female side, and by night by 26 males and 95 females.

The number of private patients is 66—47 males and 19 females—of whom 41 are service or ex-service patients and one of each sex belonging to other authorities.

The direct admissions for 1935 were 83 males and 117 females and included 20 male and 24 female voluntary patients with 1 temporary. These returns suggest that the provisions of the Mental Treatment Act, particularly as regards temporary patients, are not appreciated, and indeed I have seen some certified recent admissions, who might well have been admitted as temporary patients. I suggest that further efforts should be made to induce both private practitioners and relieving officers to make use of this means of avoiding certification whenever possible, and I feel sure that the medical staff of this hospital would be always ready to give an opinion when required.

The weekly maintenance charge per head for some patients is 23s. 11d. and for private patients 28s., the average weekly maintenance cost as last ascertained being 23s. 3.45d. per patient.

During my tour of the hospital I received few complaints; all except one were on the score of detention; the exception was the subject of the only private interview and turned out to be based entirely on delusions and hallucinations. Many patients expressed gratitude for kindnesses shown them, and I have every reason to believe that these remarks were well merited.

There are still 2 boys and 1 girl mentally defective who should be in an institution, and these will be sent to Aston Hall when that institution has adequate laundry facilities: the two boys mentioned in the last report have already been transferred.

The wards and dormitories as well as the villas were exceptionally well kept and in a good state of decorative repair. The w.c. on female 8 verandah is to be provided; individual sets of marked underclothing are now in use in the convalescent and other wards for the better patients and other matters referred to in the last report are receiving attention.

I discussed with Dr. Macmillan the system of cleansing ward annexes, a matter which had been previously mentioned but which I found to be poorly appreciated in some wards. He has promised to go thoroughly into the matter.

Much is being done on the male side with occupation therapy under the direction of Mr. Bradley, the head male nurse, and although none of his staff has had any training their efforts to employ the more regressed type are most praiseworthy. On the female side Mrs. Edwards, who is non-resident, attends on 3 afternoons a week supervising the centre and the work in the wards, though here again none of the nurses with 1 exception has had any training. With the structural developments mentioned above I have no doubt that an organized scheme of staff training will be evolved. Physical training classes for both sexes are held for the female patients in the wards every evening, and for the male patients each morning in the ward gardens.

There were 45 male and 76 female patients confined to bed during my visit, 14 and 21 respectively for physical reasons, 6 of each sex on account of tuberculosis, 22 of each sex for mental reasons, and the remainder chiefly on account of old age. Free use is made of the verandah accommodation, and in this connection I was surprised to find that the admission ward male 1 has no verandah. The standard of nursing on both sides of the hospital is very satisfactory—the nurses both male and female are thoroughly conversant with their patients and their special needs.

The mortality rate for 1935 was the low one of 5.5 per cent. During the period under review 29 male and 46 female patients have died, of whom 13 and 33 respectively were over 60 years of age.

The causes of death—verified by post-mortem examinations in 61 cases—do not present any extraordinary features. Two deaths were the subject of coroners' inquests, both of which were suicidal attempts prior to admission.

The general health of the hospital has been very good. There has not been any dysentery since 1932, and those patients known to have been affected prior to this—20 males and 18 females—are periodically examined. A sporadic case of diphtheria occurred last February—no source of infection was discovered. Erysipelas attacked 4 male and 2 female patients and 1 female patient still remains under treatment. Seven patients have suffered from pneumonia, chiefly of the terminal type. Seven male and 6 female patients are under open-air treatment for tuberculosis of all types.

Five patients—all females—have sustained non-fatal injuries, all fractures, during the period covered by this report. Three of these were over 60 years of age and all were purely accidental and in no way connected either with other patients or with staff.

The numbers attending the out-patient clinic at the General Hospital is increasing. These consist of cases sent for consultation and a few psychoneurotics who respond to such treatment as can be given at rather long intervals.

The nursing staff consists of 61 male and 72 female nurses for day duty with 8 and 12 respectively for night duty. Fifty-four male and 37 female nurses are certificated or registered as mental nurses, while 6 of the former and 24 of the latter have passed the preliminary examination.

I regret to say that Dr. Brunton is away on sick leave. In his absence Dr. Macmillan took me round, and with the help of his colleagues Dr. G. M. Smith and J. A. Brown, in their respective departments, gave me every help during a most interesting visit.

PLYMOUTH MENTAL HOSPITAL.

December 16th, 1936.

To-day we paid the annual visit to this hospital on behalf of our Board.

In our tour round the wards we were pleased to see how well they were provided with flowers and coloured cushions, and, in a few, preparations had already commenced for Christmas decorations.

We believe we have seen all the patients in residence and spoken to many, and given anyone who wished to speak to us an opportunity of doing so. We had few complaints, and these were mainly on account of detention, and in no case was the patient fit for discharge. No patient asked for a private interview. We found the patients quiet and orderly, and the women well dressed. It is interesting to know that about 30 per cent. of the women wear their own clothing. The men were not quite so well dressed, but we feel sure this will be improved when the new steam press which is to be supplied in the laundry is provided.

From statistics supplied to us there were 650 patients in residence at our visit, of whom 22 (8 male and 14 female) were on a voluntary basis, and 628 (290 male and 338 female) certified. During 1936 only 1 temporary patient was admitted and she was discharged. During the same period we were pleased to note that 31 voluntary patients had been discharged cured.

On the statutory books to-day there are 656 patients classified as follows :—

					Male.	Female.	Total.
Voluntary	...	...	...	...	8	14	22
Certified	...	...	...	...	291	343	634

of whom 69 were private (46 male and 23 female) including 35 service and ex-service patients, and it was interesting to see that 1 in this class was a voluntary patient who was making good progress towards recovery. Out-county cases number 7, while 6 are now on long leave or trial, and 41 are boarded out under reception contracts. The total accommodation in this hospital calculated according to space allowance prescribed by the Board shows a deficiency by day for 73 males and 88 females, and an excess for 5 males and 6 females by night. Parole beyond the estate is granted to 32 men and 13 women. One ward on each side is open to the gardens, and Moorfields is open to the grounds.

The weekly maintenance rate per head is 26s. 10d. and for private patients varies from 30s. to 63s. The average weekly cost as last ascertained was 26s. 2d.

Occupational therapy is well arranged in this hospital, on the male side the workshop is very nice, and on our visit we saw 20 men busily engaged at various forms of occupation in which they were taking much pleasure. On the female side the occupational work was being carried out by 18 patients, and some of it was of a very high standard. It is hoped that before long an occupational room somewhat similar to that on the male side will be provided.

In the recreational hall we saw 18 low-grade females, all employed at very simple hand work; these were the type who would sit about and do nothing if there was no occupational work devised to make them take an interest in it. Since last visit the general store accommodation has been very much improved and enlarged. The stores are now arranged in bins or lockers so that any article can be readily got at.

Two convalescent villas are nearing completion and will be most useful in reducing the present congestion especially in regard to day space.

It is contemplated to extend and enlarge the laundry and supply new machinery. We should like to suggest that the calender has the guard slightly extended to prevent possible accidents. The arrangements for dealing with soiled and possibly infected linen appeared very thorough.

The dietary is on a three-weekly scale, and to-day we saw a good dinner of roast beef, potatoes and cabbage served. The glass tumblers are a great improvement in replacing the china mugs.

During our visit we saw one boy aged 10 and a dwarfed lad of 18, both idiots who, we think, would be better placed in a mental deficiency colony.

The death-rate for the year ending December 31st, 1935 was 10·2 per cent. (5·7 per cent. male and 13·8 per cent. female). Since the last visit 14 months ago there have been 69 deaths (29 male and 40 female) followed in 28 cases by post-mortem examination.

The principal causes of death were heart disease 17, senile decay 16, and general paralysis 9. No inquests were held.

The general health of the patients has been good. There has been a complete absence of influenza and dysentery. One patient and 3 nurses have suffered from enteric fever but have quite recovered.

At present 4 female patients are regarded as typhoid carriers and all necessary nursing precautions are taken with regard to them. Six patients (3 male and 3 female) are known to be suffering from tuberculosis in an active form, and where suitable, are receiving verandah treatment.

At the time of our visit there were 34 male and 71 female patients in bed, this number constitutes 16 per cent. of the total patients in residence and though higher than the average of all mental hospitals in England and Wales is explained by the immensely large percentage of senile patients.

During the period under review there have been six serious but not fatal accidents, all have been in the nature of simple fractures and due to accidental falls.

The medical superintendent or his deputy conduct a weekly out-patient clinic at the Prince of Wales Hospital, Plymouth, and during last year 126 new cases were seen. This clinic is found a great help in recommending patients for voluntary treatment at this hospital.

The present nursing staff is :—

					Male.	Female.	Total.
Charge	...	...	...	...	7	8	15
Ordinary	...	...	...	...	40	45	85
Night	...	...	...	...	10	11	21

Of these, 28 men and 17 women are certificated or registered as mental nurses, while 14 male and 12 female have passed the preliminary examination only.

The telephone system in the hospital has recently been improved, but we hope the Committee will seriously think of providing a telephone in each ward which is very necessary in giving the alarm in case of fire, or should extra assistance be required.

We have to thank Dr. Poynder and his medical staff for much assistance during our visit.

CITY OF PORTSMOUTH MENTAL HOSPITAL

June 19th, 1936.

We have to-day and yesterday paid the annual visit of our Board to this hospital, which continues to be administered upon far-seeing and progressive lines.

Everything possible appears to be done for the early and recoverable types of patients. The time and skill of the medical and nursing staffs is devoted to this work, and we consider this aspect of the treatment here is deserving of the highest praise.

With regard to the care of the more protracted type of patient, we have noted the very pleasant atmosphere of the wards which house this class; the absence of all noise, even in the most disturbed wards; the good relationship which appears to exist between patients and staff; the ample provision of newspapers, periodicals and games; the attention to the dress, in particular, of female patients, and the efforts which are made to mitigate the discomforts inseparable from the serious overcrowding which persists in this hospital. We should, however, welcome the spread of occupations in the wards of the main building, and also the introduction of physical drill for both sexes. The success of occupation therapy and physical drill at other hospitals has been most marked. We have discussed these matters at length with Dr. Beaton, and we were glad to find that he is considering the possibility of drill, but we hope that he will not be unduly discouraged with regard to the particular difficulties to be surmounted here with regard to the introduction of both these important methods of treatment. Another change which we should welcome for the patients who are not well enough to go out in shopping parties is the provision of a canteen.

Good progress has been made during the past year in the re-conditioning and modernizing of the wards of the main building. The work carried out has had in some cases to be most radical, and entire floors and ceilings have had to be renewed. Up-to-date bath-rooms, lavatories and water-closets have been installed, and the number of the latter, formerly inadequate, have been increased. A number of wards remain to be done.

We found the laundry building much overcrowded and in a bad state of repair, whilst the machinery appears to be largely out of date. We noticed that none of the hydro-extractors was provided with safety devices against

accident. There is no distinct laundry for foul linen. It is satisfactory therefore to learn that it is hoped to enlarge and recondition the laundry building and make it thoroughly up to date, as soon as the new boiler house, which is in course of construction, is completed.

We believe we have seen all the patients in residence, who number 1,195—498 men and 697 women. Fifty-seven men and 103 women are voluntary patients, and 2 men and 12 women are temporary patients, the remainder are under certificates. It is most interesting to observe that in 1935, 195 voluntary and 29 temporary patients were admitted, as against 77 patients who were admitted under certificates. These figures show how satisfactorily the mental health services of the City of Portsmouth are operating the provisions of the Mental Treatment Act, 1930.

At the present time 1 man and 4 women are out on leave or on trial, which gives 1,200 as the number of patients upon the statutory books.

One hundred and twenty men (64 in the service or ex-service class) and 121 women are private patients, and the villas in which they are housed are most comfortable in every way.

How serious a problem is overcrowding is shown by the fact that there is a shortage of accommodation by day for 70 men and 91 women, and by night for 64 men and 73 women.

The weekly maintenance charge for rate-aided patients is 23s. 11d., and for private patients from 23s. 11d. to 105s. The average weekly maintenance cost is 24s. 2d. Parole is given to 14 men and 3 women beyond the estate, and 71 men and 30 women have parole within the grounds. Two male villas and 4 female villas are open to the grounds, and 1 female ward is open to the ward garden. From 20–25 males and 60–65 females, on an average, go out each week for periods up to 4 days on leave to the care of friends, and 10 men and 15 women go out for half-days in the care of a nurse. In addition large parties of both sexes are allowed to go on shopping expeditions.

The present staff of nurses consists of 9 males and 16 females of charge rank, and 78 male and 100 female ordinary nurses. Fifteen men and 21 women act as night nurses. Eighty-nine men and 65 women are certificated or registered as mental nurses. Nine men and 15 women have passed the preliminary examination.

The general health of the patients has been good. It is most satisfactory to note that during the past year there has been complete freedom from such diseases as enteric fever and dysentery.

The mortality rate for 1935 was 7·4 per cent. Since the last visit on June 18th, 1935, 110 patients have died: 34 males, 76 females. The chief causes of death have been, pneumonia, 31; arterio sclerosis, 26; heart disease, 16. In only 28 cases was the cause of death verified by post-mortem examination. No inquests have been held.

Four patients have died from tuberculosis, and 2 are under treatment for this disease at the present time.

There have been 10 cases of fracture of bones. One of these was a spontaneous fracture, and 1 was due to violence by another patient; all the remainder were caused by accidental falls.

During our tour of the hospital to-day and yesterday, we found 86 male and 133 female patients in bed. Naturally a high proportion of these cases were of the senile and infirm type, but there were also a considerable number in bed for mental reasons and treatment. Newly admitted cases are kept in bed from 6 weeks to 2 months, and sedatives are freely used in treatment.

From the beginning of 1935 up to the present time 51 sessions have been held at the out-patients clinic, and during the period 234 new cases have been seen and 1,779 attendances recorded. As a result 51 cases have been admitted to this hospital as voluntary patients, and 4 have been sent to other institutions for treatment. In the majority of the remainder of the cases out-patient treatment has proved to be sufficient.

The successful operation of the out-patient clinic has been largely due to the co-operation of the local medical practitioners.

The arrangement whereby the medical staff of this hospital visits the mental wards at St. Mary's Hospital ensures that cases from this source also come under treatment at an early date.

After-care is also a prominent feature of the treatment here.

SUNDERLAND MENTAL HOSPITAL.

March 23rd, 1936.

At the time of our visit to this hospital to-day there were in residence 560 patients, 279 males and 281 females, of whom 1 male is a temporary, and 38 males and 22 females are voluntary patients.

				Voluntary.		Temporary.		Certified.		Total.		
				M.	F.	M.	F.	M.	F.	M.	F.	T.
During 1935 :—												
Direct admissions were	...	...	...	33	26	—	1	22	40	55	67	122
Admitted on transfer	...	...	...	—	—	—	—	3	5	3	5	8
Departed or discharged (excluding transfers)	...	...	...	29	20	—	—	24	30	53	50	103
Of whom had recovered	...	...	...	14	13	—	—	19	22	33	35	68
Transferred to other statutory care	...	...	...	—	—	—	—	1	1	1	1	2
Allowed on long leave or trial	...	...	...	—	—	—	—	21	47	21	47	68
No. to whom money allowances granted	...	...	...	—	—	—	—	13	20	13	20	33
Died	...	...	...	3	4	—	—	7	13	10	17	27

It is both extremely interesting and gratifying to note that as in 1934 practically one-half of the patients were admitted as voluntary patients. Little use is even now being made of the procedure under Section 5 of the Mental Treatment Act, 1930, but Dr. Archdale, the medical superintendent has conferred with both the medical staffs of the general hospital and of the public assistance institution, and with the public assistance officers, and it is to be hoped that more resort will be had to the procedure in future.

The hospital is still very badly overcrowded, but the present grave state of affairs will be very considerably ameliorated when the 2 new convalescent villas and the new block for parole male workers, now in process of completion, are taken into use. In addition a new admission and early treatment block with 64 beds, and a sick hospital with 100 beds, are in contemplation; from this it will be seen that the present serious state of affairs is being actively dealt with.

The villa for male patients, 37 in number, and male ward 4, 32 patients, are both open to the grounds, while female ward 4, 51 patients, is open to the ward gardens. In addition 7 males and 5 females enjoy parole beyond the estate, while 79 patients (66 male and 13 female) are allowed on parole within the grounds.

The average weekly maintenance charge in the case of rate-aided patients is 23s. 4d.; that for private patients, of whom there are 43 on the books of the hospital, ranges from 25s. 1d. to 42s.

During our tour of the hospital we saw, we believe, all the patients in residence, and had conversation with many of them; 2 private interviews were given. We were impressed by the quiet orderliness of the patients and by their contentment generally and their expressed appreciation in many cases of the kindly treatment they were receiving. The female patients were well and neatly dressed, a state of affairs for which the adequate storage room for coats and frocks in most of the wards, no less than the attractive materials used, must be given credit.

A good deal of redecoration has been done since our colleagues visited the hospital last year, and the work continues. But some of the wards, especially female ward 6 and male ward 2, badly need painting, etc., and it may be that the existing staff of decorators and painters should be augmented until the arrears of work are overtaken. The wards generally are, however, very well kept indeed, and in most of them there was an adequate supply of well-grown plants and bulbs in pots.

Excellent progress has been and continues to be made with occupational therapy, and Dr. Archdale and Dr. Back, his deputy, as well as the nursing staffs, both male and female, are to be congratulated on the results achieved. There are 2 main occupation therapy rooms, 1 for male patients and 1 for females, but in addition some work is done in the recreation hall, and much is done in the wards themselves. A number of male patients are employed in the hospital shops, though these are too small to allow much extension of occupation in this direction, while a large number are engaged in work at the farm and about the grounds. It is interesting to observe that all the patients in the admission wards, who are physically capable, have occupations prescribed for them, and the men and women we saw were almost all contentedly engaged in their various tasks.

Patients who work are given vouchers which may be exchanged at the canteen for goods, the money value of the vouchers issued to them varying from 8d. to 1s. 8d. a week. Cosmetics for the women are now stocked in the canteen, and for these we were told, and readily believe, there is a brisk demand; before long it is hoped to open a hairdressing saloon.

We found the kitchen and laundry in good order—in the former an appetizing meal of boiled meat with two vegetables and milk pudding was in preparation.

In the recreational hall, classes for country and Morris dancing and for physical training are held daily, and we are sure that these are of the utmost value. Silent picture shows are given weekly, while there are occasional concerts and dances. Many of the male patients play football, and it is hoped that next year it will be possible to have a patients' football team, an innovation which will undoubtedly be very much appreciated.

The library arrangements are excellent, and we were told that the more reliable patients will be able before long to use the library as a reading room: supplies of books are received from time to time from the Red Cross, while the public library in Sunderland sends supplies of newspapers and other periodicals.

Dr. Archdale showed us the sites of the proposed new admission and early treatment block and the sick hospital, and of the new ward gardens to be made in the Dene. These gardens should prove most attractive and useful, and indeed it would be difficult to imagine a better situation for them. We feel sure that they will, when they are completed, be of great benefit to the patients and will be much appreciated by them.

Immediately above the site of these proposed new gardens, there is a small poultry farm run by female patients under the supervision of a nurse, a member of the special nursing staff exclusively engaged in occupational therapy; this form of activity is to be much encouraged, and we were interested and glad to find it.

The general health of the patients since last visit has been very good. There has been only 1 case (female) of enteric fever, who made a good recovery, and we were pleased to hear that the infection did not spread to any of the other patients. She was a newly admitted patient and the infection was contracted prior to her admission. There has been no case of dysentery or influenza during the same period, and only 3 mild cases of erysipelas. At our visit there were 5 patients under treatment for tuberculosis by up-to-date open-air methods.

The patients in bed, 28 male and 47 female, were there mainly for physical reasons, and all showed evidence of careful medical and nursing attention.

The mortality rate for the year ending December 31st, 1935, was 4·8 per cent. (3·6 males and 6·0 females) which is much below the average of 6·8 per cent. for all mental hospitals in England and Wales during the same period.

Since last visit there have been 29 deaths (13 male and 16 female), and in 17 of these cases post-mortem examinations were held.

The main causes of death were senile decay 9, general paralysis 7, cerebral thrombosis 2, and cancer 1. There have been 4 inquests, the particulars of which have been reported to our Board.

During this period there were only 2 serious but not fatal accidents, both fractures of fore-arm bones. This small number of injuries reflects great credit on the nursing staff for the careful manner in which observation was kept on the patients under their charge.

We particularly noticed the care given to the patients' teeth, and were pleased to hear that the dentist pays weekly visits.

The clinics mentioned in the last report continue to make good progress. In 1935, there were 1,098 attendances by 241 patients, of whom 134 were entirely new cases of mental or functional nervous disorder. We noted that 42 patients who had been under treatment in the mental hospital attend, which shows their appreciation of their treatment there, and their desire to continue to receive further advice to lead to a permanent cure if possible. The clinics mean much extra and arduous work for both Dr. Archdale and his deputy, and we thoroughly agree with the last report of our colleagues in seriously advising the Committee to consider the urgent necessity of appointing an additional medical officer.

The work done by the social investigator has been most helpful to the medical superintendent, but we feel that much more time could with great advantage be spent at this work, and for that reason think it should be a whole-time appointment.

We had the pleasure of meeting 2 members of the visiting committee to whom we expressed our great satisfaction with the progress made in occupational therapy in the hospital.

We were accompanied throughout our visit by Dr. Archdale, and to him and to his deputy, Dr. Back, we should like to extend our thanks for the arrangements made for us.

We wish to congratulate the Committee and the medical superintendent on the extensions to the hospital which are in process of completion; these, together with the buildings in contemplation, will make this hospital a very fine one.

SWANSEA MENTAL HOSPITAL.

September 3rd, 1936.

Concluding to-day our visit, begun yesterday afternoon, to this hospital, we have the most favourable impression of the progressive lines along which it is being administered by Dr. Moulson and the Committee. The atmosphere of the wards is one of general contentment, and it is obvious that the most cordial relations exist between the patients and the medical and nursing staff.

The day-rooms are comfortably furnished and of pleasant aspect, but more flowers or plants would give an added decorative appearance, although we appreciate the Committee's difficulty in this respect until it is possible, in the future, to provide glass for the gardener. Canaries, in almost every ward, are a pleasing feature. We noticed that, owing to the absence of book-shelves, books are standing on the mantelpiece or lying on the tables in many wards. Perhaps simple book-shelves could be made in the occupation rooms. We were very pleased to see materials for writing, including paper, envelopes, pen and ink provided in cases in each day-room. This is an unusual amenity which, we feel sure, is appreciated. An adequate supply of games is available everywhere and, on the male side, the billiards tables show, by their wear, that they provide an attractive means of recreation.

We were sorry to see aluminium mugs in use throughout the hospital in place of glass tumblers. This, we understand, is due to previous frequency of breakages in the glassware. While we sympathise with the desire for economy we feel sure that the convalescent and better-behaved patients at least would welcome being supplied with tumblers.

The dormitories are in excellent order and, in most wards, the individual night attire is placed under the pillow by day. Patients' names are written in pencil on each garment. Pyjamas have been introduced into the admission hospital for both sexes. Each ward possesses half-a-dozen dressing gowns and pairs of slippers for the use of patients by night using the open lavatories attached to each dormitory. Throughout the hospital we did not see a single padded room. In both day-rooms and dormitories we noticed an abundance of mirrors which are not only of utility but decidedly enhance the appearance of the rooms. There is an adequate allotment of lockers for the private possessions of individual patients.

The male patients' clothing is adequate but improvement could be effected both in the personal appearance of the patient and in the length of wear of the garments if coat-hangers were available for jackets and coats. It seems to us that this is particularly desirable here owing to the exposed climatic conditions and frequency of damp weather in this district. The women's dresses are not attractive and leave much to be desired both in material and in design. It is unfortunate also that the ordinary patients are not allowed to wear their own underclothing—particularly in view of the fact that such a high percentage are here on a voluntary basis.

The library is a large pleasant room, well supplied with magazines with tables and chairs to which the better patients can come during the evening and sit and read. About 25 to 30 usually attend and in addition to reading, can choose and take away their own books. The library has a stock of a thousand books. Each ward is granted 20 books, the books being changed fortnightly.

Great strides have been made in occupational treatment during the past 12 months and, at present, the appointment of an occupation officer is under consideration. There are now in the main building, 2 male occupation rooms and 1 female room. In the admission hospital there is 1 occupation room for male and female patients mixed. In addition to the handicrafts usually seen in hospitals, we were impressed in the male occupations by many crafts of unusual type and by the general high standard of work. In the various rooms different classes are held at different hours of the day, and work is so organized that we are satisfied it is never irksome.

We visited the laundry and feel that some means should be devised of improving the ventilation which is defective. We are satisfied that the methods of dealing with all laundry, including those of dealing with infective and foul linen, are efficient. We believe the laundry superintendent is much hampered in her work by the great shortage of patients' labour. Only a portion of the electric irons are in use owing to absence of workers. We were pleased to learn that the present formalin sterilizing chamber, which has been found unsatisfactory, is to be replaced shortly by a steam chamber.

We visited the bakehouse which appears to be efficiently managed, and where the standard of work is good.

The direct admissions to the hospital during 1935 numbered no fewer than 233 and the departures, excluding transfers, numbered 169. Eight have been transferred elsewhere, and 6 have been allowed out on long leave or trial. There are at present in residence 323 males and 275 females—a total of 598. One female is at present on trial.

Of the total admissions during 1935, 64 per cent. came direct from their own homes, 60 per cent. came on a voluntary basis, and 4·3 per cent. were admitted as temporary patients.

The private cases, including service and ex-service patients number 36, of whom 20 belong to the latter class. There are 9 out-county patients.

The accommodation of the hospital is 600, of whom 320 are males and 280 females, in consequence of the use of the female convalescent villa as a temporary male parole villa. There are, therefore, 4 female vacancies and 3 males in excess of the prescribed accommodation.

The weekly charge for home patients is 29s. 2d. and for private patients varies from 3 to 4 guineas. The average weekly cost per patient as last ascertained is 28s. 11d.

Parole beyond the estate is given to 21 males and 7 females, and ground parole is permitted to 61 men and 51 women. All wards are open to the gardens and 3 male and 1 female wards are open to the grounds.

The present staff includes 4 male and 10 female charge nurses, 32 male and 50 female ordinary nurses and 11 male and 15 female night nurses. Thirteen female nurses are employed on the male side. One male ward is entirely staffed by female nurses and 3 male wards, whilst controlled by female nurses, also contain a proportion of male. One female night nurse is on duty on the male side.

Of the total of 122 nurses, 47 (male 21, female 26) are certificated mental nurses, and 8 men and 18 women have passed the preliminary examination.

Among improvements completed since the last visit are :—Staff lavatories have been partitioned off in each ward; a tennis court has been constructed; cold frames have been supplied for greenhouses and much road construction has been carried out.

The following works are in progress :—Construction of a hard tennis court; levelling and surfacing of the laundry yard and much general work in the lay-out of the estate.

The average number of patients resident during 1935 was 602. The mortality rate of 65 for the males and 150 for the females and 107 average for both sexes per 1,000 is somewhat high compared with that in mental hospitals generally. When, however, it is realised that the number of admissions for the year 1935 equals as much as 39 per cent. of the average number resident, a high mortality rate is a necessary consequence.

Since the last visit 69 patients have died and post-mortem examinations have been conducted on 44.

Among the causes of death were dysentery (1); tuberculosis (2); general paralysis (6); heart disease (16); pneumonia (18); together with 1 female case where death followed asphyxia due to drowning. On the last case an inquest was held and the circumstances were fully reported to our Board at the time.

Of epidemic and zymotic disease, a number of cases have occurred since the last visit—namely, 1 case of dysentery identified as strain X, 1 of influenza, 9 of severe diarrhoea of non-infective origin, 7 of tuberculosis, 19 of pneumonia and 5 of erysipelas.

At present the hospital contains 1 active case of tuberculosis, 1 of severe diarrhoea in a woman, who exhibits symptoms suggestive of pellagra, and 1 case of broncho-pneumonia.

Among the severe but non-fatal casualties during the period under review have been 2 dislocations of the shoulder and 26 fractures of bones—many of them being of the small bones of the hands—and all of accidental and often trivial origin. This unusually large report of casualties can probably be correlated with the highly efficient X-ray department of the hospital, in which up to date this year 160 separate examinations have been made. We saw many excellent examples of the work of this department and are satisfied that numerous cases of injury receive skilled treatment which they would lose were it not for such efficient diagnosis.

We inspected the well equipped operating theatre with sterilizing and anæsthetic rooms and also the very modern dentist's operating room in which all new admissions are examined and, as is necessary in 90 per cent. of cases, treated.

We were shown the nurses' lecture and demonstration rooms which possess all modern facilities for teaching and also the excellent nurses' home, accommodating 65 nurses.

In the laboratory, with the help of a skilled technician and an assistant, members of the medical staff are engaged in useful research on the action and mode of excretion of certain drugs in different types of mental disease, and much important routine and diagnostic work is being performed.

We would lastly refer to the clinical work so ably carried on in the admission hospital where, during 1935, no fewer than 233 new admissions, of whom 142 were voluntary, have been treated.

Weekly clinics are held at the Swansea General Hospital and at the Cefn Coed Hospital, and Dr. Moulson frequently, by request of the city relieving officers, visits patients at their own homes, and advises as to the application of the Mental Treatment Act.

WEST HAM MENTAL HOSPITAL.

July 15th, 1936.

We have been favourably impressed by much we have seen in the course of our visit yesterday and to-day at this hospital. The gardens in which the patients exercise are well stocked with flowers and look most attractive at this time of the year. Good progress has been made in laying out the grounds around the admission hospital and the new villas. Some of the gardens serve two wards; but in no case did we see any signs of congestion; and the classification of the patients in these gardens appeared to be quite satisfactory.

It is gratifying to record the prompt response to the recommendation of our colleagues that each ward should have a clinical room. In every ward, hitherto without a clinical room, a single room has been vacated and redecorated and is in the process of being suitably furnished for this purpose. Patients will doubtless appreciate the facilities these clinical rooms afford for discussing their difficulties with the doctors and other officers. The patients' clinical records are now kept in these rooms and we hope the folder system of keeping and filing the records will be adopted. We discussed with Dr. Cuthbert various suggestions for improving the forms on which the clinical notes are made, but we recognize modifications in this direction will have to be introduced gradually.

One feature of equipment that deserves special mention is the complete first-aid outfit and a small set for testing urine supplied to each ward. A cupboard has been provided for this equipment and for the drugs and poisons needed in the wards. Steps are being taken to conform with the recently published regulations relating to dangerous drugs.

During the period under review, the medical staff has increased by the appointment of an additional medical officer. Dr. Cuthbert is now assisted by Dr. Somerville (deputy), Dr. Larkin, Dr. Gillies and Dr. Murphy. Also when any member of the medical staff has annual leave, Dr. Ellison acts temporarily as medical officer. The out-patient clinic which is held at the Children's Hospital, Plaistow, on 2 half-days each week, continues to receive the personal attention of the medical superintendent. During the year 1935, 67 patients attended the clinic and the total number of attendances amounted to 302.

The general fabric is kept in good condition, and a creditable standard of decoration is maintained throughout the hospital. Expert advice is being sought concerning the unsatisfactory acoustics of the recreation hall. The wards and dormitories are comfortably furnished and the general appearance is much enhanced by an abundance of beautiful flowers.

Newspapers and periodicals seem to be supplied in smaller numbers than we find at most mental hospitals. This year again we feel it is necessary to urge that attention should be given to the better organisation of the library

services; and we hope the Committee will provide an adequate annual sum for the purchase of new books.

In the course of the last few months considerable progress has been made in the organization of the recreational handicrafts at this hospital. The officer in charge of this department returned a few months ago after a period of training at the Cardiff City Mental Hospital. The occupation centre is a separate unit and was opened last October. It consists of 3 rooms, which are well designed and suitably furnished. At the time of our visit there were 35 patients at the centre. They were divided into approximately 3 equal groups—2 of women and 1 of men. The rooms are so arranged that the responsible officer is able to supervise the work of all the patients at the centre. At present she is assisted by 3 female nurses and 1 male nurse who not only help in supervising the patients but also are themselves being trained in the various handicrafts. Charge nurses attend the centre for training for a period of 6 weeks and other nurses for 4 weeks. The nurses thus trained on their return to ordinary ward duties begin training the patients in the day-rooms. We saw a most gratifying extension of occupation therapy in ward F.4 where there are numbers of patients very introverted and much retarded. The development of this form of treatment as organized at this hospital will be of great interest to those specially interested in this aspect of the work at mental hospitals.

As in many other hospitals difficulties are experienced by the staff in ensuring that the patients' dinners are served hot. The problem has been solved in the admission hospital which has its own kitchen and in the villas which are provided with trolleys of the modern type fitted with insulated containers. It was in the wards of the main building we found the dinners, more especially the vegetables, arriving almost cold from the kitchen. It is obvious new containers are required for the dinners carried to these wards.

At the time of our visit there were 1,231 patients in residence. On the male side there are 68 vacancies by day and 32 by night. The corresponding figures on the female side are 46 and 14 respectively.

The Mental Treatment Act continues to be well administered in the West Ham County Borough. Of the 89 direct admissions during the current year, 54 were voluntary, 14 temporary and only 21 certified. Statistics relating to the last 12 months indicate 21 of the total of 143 admissions were patients who came direct from their homes to the hospital, and all these were admitted as voluntary patients. The remaining 122 passed through the observation wards of the Municipal Hospital, but it is most gratifying to note that only 34 of these were certified—64 were admitted as voluntary and 24 as temporary patients.

Considerable effort is made to provide entertainments for patients, more especially during the winter months. The proportion of patients usually present at the weekly entertainments, however, appears to be low—only 21 per cent., whereas the mean figure for all county and county borough mental hospitals in England and Wales is 37 per cent.

In the course of our visit we gave special attention to the patients who were being nursed in bed. They numbered 83—31 males and 52 females. We would suggest that in the dormitories where sick patients are nursed, wash-basins with hot and cold water should be installed. It would also be an advantage if similar basins could be introduced with the various clinical rooms when administrative opportunities permit.

The percentage mortality rate for the year ended December 31st, 1935, is 5 per cent. in the case of males and 5·7 per cent. in that of females, that of the combined sexes being 5·3 per cent.—a rate definitely below the average in mental hospitals.

Since the last visit, 21 males and 17 females, a total of 38, have died. Post-mortem examinations have been performed on 13 males and 11 females, a total of 24, giving a rather low percentage of 63. Of the 38 cases, 5 died from tuberculosis (13 per cent.) and 9 from general paralysis (24 per cent.).

According to the records, there has been an entire absence of zymotic diseases. At present 9 males and 7 females suffer from tuberculosis, a percentage of 1·3 per cent. of the present number in residence.

Twelve serious casualties have occurred during the period under review. All these were fractures of bones, and all were accidental in origin.

The present staff consists of 121 male and 138 female nurses, a total of 259. Of these 44 hold the rank of charge nurse and 39 are night nurses. One hundred and twenty-one—a percentage of 47, are certificated or registered as mental nurses and a further 72 have passed the preliminary examination.

. Now that a fourth assistant medical officer has been appointed it has become feasible for Dr. Cuthbert to reorganize the duties of his colleagues. The small pathological laboratory has in consequence been put to fuller use under the care of one of the medical officers who acts as pathologist and he is already carrying out useful routine work in clinical pathology.

CITY OF YORK MENTAL HOSPITAL.

March 13th, 1936.

Visiting this hospital to-day, we found in residence a total of 377 patients, 168 males and 209 females, of whom 5 (2 males and 3 females) were voluntary patients, and 2, both females, were temporary.

				Voluntary.		Temporary.		Certified.		Total.		
				M.	F.	M.	F.	M.	F.	M.	F.	T.
During 1935:—												
Direct admissions ...	...	...	...	3	4	1	2	20	38	24	44	68
Admitted on transfer ...	...	...	...	—	—	—	—	—	2	—	2	2
Departed or discharged (excluding												
transfers ...	...	...	...	2	5	1	1	18	22	21	28	49
of whom had recovered ...	...	...	...	2	4	1	1	12	15	15	20	35
Allowed out on long leave or trial...				—	—	—	—	11	17	11	17	28
No. to whom granted money allow-												
ances ...	...	...	...	—	—	—	—	3	2	3	2	5
Died ...	...	...	...	—	—	—	—	9	13	9	13	22

The weekly maintenance charge per head for home patients in this hospital is 2ls., while that for private patients varies from 27s. 6d. to 42s.

Two male and 2 female wards are administered on the open-door principle, and 24 patients (16 males and 8 females) are granted parole within the grounds, while 11 (6 males and 5 females) are allowed on parole beyond the estate.

During our tour of the hospital we believe we saw all the patients in residence, and we talked to all of them who wished to have conversation with us. Five patients desired and were granted private interviews. Apart from appeals for liberty, we received no complaints of any kind, and indeed we were struck by the contented and quiet atmosphere in the wards. The female patients as well as the male wear their own clothes when these are available, but the clothing supplied by the hospital to females who need it is particularly attractive and neat, and modern and varied both in design and colouring. A feature of this hospital is the extensive and interesting collection of pictures on loan from the City of York Art Gallery: these pictures are hung throughout the wards and galleries, and they are well set off by the colouring of the walls.

Since last visit much redecoration has been done, and some is still actually in progress. The new work is in excellent taste and the colour schemes are well chosen and attractive.

Dr. Hooper, who takes a lively personal interest in the library, told us that it has been arranged with the City of York Library that, for every £1 spent by the hospital, the City Library will contribute an equal sum. In addition books are received on loan from the City Library as required, and

the City Librarian has rendered invaluable help in cataloguing the books at present possessed by the hospital. The library has recently been re-shelved, and we heard with pleasure that patients are permitted to attend personally each week to choose the books they wish to borrow.

In both infirmary wards new lavatory basins have been fitted. We visited the occupation rooms and saw much good work being done—sewing, embroidery, knitting, basket and rug making being special features on the female side. On the male side, while rug and slipper making is extensively practised, brush and broom making evidently occupies usefully a large number of patients, and we were much impressed by the good quality and wide range of patterns.

An important improvement which is in contemplation is the extension of the male occupation room and the addition to it of a verandah.

An excellent canteen is provided, and the patients attend it to make their purchases personally during the hours in the morning and afternoon when it is open. On visiting days the canteen is open the whole afternoon.

We were glad to hear that physical training classes for women patients are held in the recreation hall every Friday. In this hall cinema shows are given weekly, while on alternate weeks dances are held.

We visited the laundry and kitchen and found both in excellent order—in the kitchen an appetizing dinner, consisting of baked fish and milk puddings was being prepared and this we saw later being enjoyed in the wards.

There were some good pot plants in many of the wards, though we should have liked to see more of them. But we understand that only 1 greenhouse is available, and in the circumstances a larger supply of plants is not to be expected. Possibly at some future date it may be found practicable to provide some further accommodation for growing and housing plants.

Since the visit of our colleagues in January, 1935, Miss Connolly has been appointed Matron: there have been no other changes in the staff which remains at the same numerical strength. Dr. Hooper still has the assistance of Dr. J. Morrison Smith.

The mortality rate for the year ending December 31st, 1935, was 5·8 per cent. (5·2 male and 6·2 female), which is well below the average of 6·8 per cent. for all mental hospitals in England Wales.

Since last visit the general health has been extremely good, not a single case of either epidemic or zymotic diseases has occurred amongst the patients or staff. At our visit there were 7 cases of tuberculosis being treated by up-to-date open-air methods. During the same period there have been 29 deaths (13 male and 16 female), and in 17 cases post-mortem examinations were held. The principal causes of death were heart disease 5, cerebral softening 4, congestion of the lungs 4, general paralysis 2, and cancer 2.

One inquest was held, and the verdict was "Accidental death." The accident happened prior to admission.

Two serious but non-fatal accidents were reported to us, 1 due to a patient impulsively breaking a window, and the other a fracture from an accidental fall in the ward.

In going round we were particularly struck by the few patients in bed, 9 males and 22 females, the majority of whom were in bed for physical reasons. All these cases showed evidence of careful nursing and medical attention.

Arrangements are being made for the use of a portable X-ray apparatus when such is required.

We were accompanied throughout our visit by Dr. Hooper to whom we should like to express our thanks for the arrangements made for us.

APPENDIX B

ENTRIES BY COMMISSIONERS AT REGISTERED HOSPITALS, &C.

BARNWOOD HOUSE, GLOUCESTER.

December 11th, 1936.

We have spent the whole of to-day in paying this year's second visit here on behalf of our Board. Alike to the one of us who visited 7 months ago and to the other who has not been round this hospital for over 8 years, what we have seen and the various matters we have had the opportunity of discussing have interested us very much.

Our visit, however, has not been without a note of regret: for we learn from Dr. Townsend that he has intimated to the Committee his intention to relinquish next year his post as Superintendent—a position which, we are aware, he has filled, in succession to the late Dr. Soutar, with distinction and ability for 17 years. Joining the medical staff in 1890, some 2 years before the then Superintendent, the late Sir Frederick Needham, was appointed a Commissioner in Lunacy, Dr. Townsend has been officially connected with the hospital for the long period of 46 years, nearly two-thirds of its existence. He has seen, and taken an active part in many of its steps of progress, and, during his own tenure of office, has initiated others. This is not the place to endeavour to enumerate them, but we certainly have in mind, for instance, the fact that, during his Superintendentship, the proportion of patients admitted as voluntary cases has risen from 20 to no less than 55 per cent. Indeed, during the current year, this proportion has been 64 per cent., and of the 36 admissions during the past 11 months, less than 20 per cent. have come in under certificate. To be able to say that means truly a great advance in procedure and in methods of dealing with cases of mental illness. We have in mind, too, the extent to which the occupation of the patients is being developed here—admittedly one of the most important advances in treatment, and, perhaps, least easy to accomplish in the case of patients of the private class.

We are sure our Board would wish us, on their behalf, as well as on our own, to wish Dr. Townsend many years of health in which to enjoy well-earned leisure.

As usual, several matters have been taken in hand to keep the hospital and its appurtenances in their usual first-class order. Considerable renewals to the heating system have been made; and the house throughout, though the day has been chilly, was comfortably warm. In this connection we were glad to see the maintenance of open fires which, we are sure, adds so much to the mental as well as bodily comfort of the patients. New wireless installation, throughout the divisions on the ladies' side, has been put in. The roadway and path to the staff cottages have been re-made and electric lighting has been extended to them.

These cottages form an important item in the provision for staff made by the institution. Of the total 33 members of the male nursing staff—4 of whom are on duty every night—only 10 now sleep in the hospital itself. We are glad, therefore, to know that each cottage is connected by telephone to the main building, and that each is further connected with the fire-alarm system. In the latter, regular instruction is given to both male and female staff, the apparatus is inspected by the City's Fire Brigade, and the latter's hose pipes fit the hospital's standpipes.

There are 36 women nurses, 8 of whom are on duty every night. Only ten of them have less than one year's service. A third of them, and two-thirds of the men have over 5 years' service. The general stability of the staff is, therefore, apparently very good. All but two of the men, and just a half of the women nurses are certificated or registered in mental nursing. Pains in this important matter evidently are taken.

During the seven months under review there have been 3 deaths—all from natural causes.

We visited the detached chapel; a distinctly pleasing little building. Divine Service is attended by about a score of the men and by about 40 of the ladies: this is perhaps a lower proportion than might be expected. Arrangements, we understand, lately have been made whereby the Vicar of Barnwood and his assistant will be responsible for these services and for visiting the hospital.

The recreation hall is a beautiful room. The associated entertainments held in it—not less than 2, sometimes 3, weekly—attract about 100 patients.

Parole, that is, liberty to leave a ward and to walk about unattended, is given to 8 of the men and 16 of the ladies: that is, to some 15 per cent. of the total in residence. In 4 instances on the men's and six on the ladies' side this permission extends to going out beyond the hospital's grounds, which, in themselves, cover 400 acres.

On the statutory books, there are now the names of 153 patients—60 gentlemen and 93 ladies. It happens that none of them is away and, so, we have seen them all. As usual, we gave particular attention to the newly-admitted cases; but, in addition, besides speaking to every patient, we had considerable conversation with many others and were pleased to note the spirit of contentment generally displayed.

The notes in the clinical records, a number of which we perused, impressed us as indicative of much painstaking medical work, including the full and careful account that is, we were pleased to see, taken of the mental condition of patients. Much pains, too, evidently continues to be taken with the preparation of the annual medical tables.

BETHEL HOSPITAL, NORWICH.

October 14th, 1936.

There are to-day 75 ladies and 26 gentlemen in residence, all of whom I have seen save 1 lady, a voluntary patient admitted recently, who is out for the day with a relative. One gentleman and 1 lady are away on trial.

The hospital is divided into 3 wards on the ladies' side and into 2 on the other: the nursing staff on duty in these wards is respectively 5, 7 and 4 in the ladies' wards and 8 for the other 2 wards. The Matron supervizes the nursing of both sections. One male and 2 female nurses are on night duty and special arrangements are made on occasions when constant observation is deemed necessary.

Although many patients are of a considerable age, only 1, a lady admitted a few weeks ago, is confined to bed to-day. The garden of the more over-active ladies contained a high proportion pursuing some definite occupation or games, and in other wards as well as in the small handicraft room I saw a number occupied in some form of needlework. It is likely that on both sides the extension of this useful means of treatment by the inclusion of other forms of handwork will be found to be of distinct value. Clock golf was introduced lately and has been much appreciated. The increasing traffic in the streets between the hospital and the nurses' home containing the large occupation room has interfered with the usefulness of the latter and a smaller room has in some measure replaced it, affording too little space.

Since the last visit nearly 9 months ago the direct admissions have been:

					Male.	Female.	Total.
Voluntary	...	...	...	...	6	14	20
Temporary	...	...	...	...	1	—	1
Certified	...	...	...	...	3	5	8

and 1 certified lady has been received on transfer. Three ladies and 4 gentlemen have died from natural causes.

Two bathrooms and some single rooms in ward 2 for gentlemen have been redecorated recently. The rooms throughout the hospital were clean and well kept and the day-rooms suitably warmed. The alternative exit from an upper row of single rooms of the ladies' ward 2 is by means of a flat roof, but the steps that would be used in the case of its use are kept on the other side of the hospital. I would suggest they be kept at hand and suitably guarded.

The average weekly cost of maintenance last year was 52s. 3d. : 58 per cent. of patients pay slightly in excess of this sum, 6 per cent. between this sum and 2 guineas, 25 per cent. pay between 1 and 2 guineas, 8 per cent. 1 guinea and under, while 3 per cent. are maintained entirely at the expense of the hospital.

During my visit I have been glad to observe the personal consideration and the kindly treatment which the patients receive.

BETHLEM ROYAL HOSPITAL, BECKENHAM.

December 7th, 1936.

On my arrival here to-day to pay the second visit of the year to this hospital, I was received by Dr. Porter Phillips; I was glad to have the opportunity of discussing some points concerning 1 or 2 individual patients with him before he had to leave to fulfil an engagement on behalf of the hospital which prevented him from accompanying me during the visit.

In Tyson House extensive work is in progress on the roof, in order to improve the electric lighting system. This house, which contains 2 divisions, each of 2 wards, so that patients of both sexes can be treated here, is used for those who are restless, disturbed, or so indifferent to their surroundings as to need much care. To-day there was on the whole an orderly and quiet atmosphere, disturbed only temporarily by 1 or 2 who became excited. It is among patients of this group that there is scope for devising and encouraging simple occupations such as wool colour sorting, sandpapering of wood, teasing of cloth and other handicrafts which could be carried on in the day-rooms or dormitories. The employment of alert and interested patients, while most desirable, is of course much easier, but hardly offers the same opportunity for really therapeutic occupation as that which is used to draw the lethargic patient out of his apathy in the effort to enable him to lead a less dull and withdrawn life, whether in the outside world or in the hospital itself.

In Whitley House convalescent patients of both sexes are treated. Here the single rooms are fitted with hot and cold water supply and the nursing care at night is reduced to visitation from time to time during the night. All the single rooms in the hospital, except those at Tyson House, are fitted with bells which ring from the patient's room to the Sister's office; these bells can be disconnected if necessary by turning the corresponding switches. Efforts are being made to find a means of keeping the single room doors closed, but capable of being opened at will from either side, without the disadvantage of noise when in use which some devices have, or the fitting of handles within the rooms which is not at present considered safe, having regard to the mental disorder of the patients who occupy them. A group of patients here took the opportunity of expressing very definitely to me their appreciation of what is done for them and spoke of the comfort and consideration they enjoy. Similar remarks were made to me by a number of patients elsewhere in the hospital.

The dining-room at Whitley House has proved, I understand, to be rather small on the occasions, not very frequent, when the House accommodation is almost fully occupied. If at any time an extension to the dining-room were carried out, it would, I hope, be possible to improve the pleasantness of the room by supplying small tables for 4 or 6 patients. Even when the house is not full, considerations of space in the dining-room prevent this from being done.

FitzMary House is for women patients only. Most of them are able to be up during the day. Here, as elsewhere, some long-backed chairs suited to the comfort of frail or elderly people, and 1 or 2 sofas on which a patient could lie down if necessary, would be an advantage. The chairs and settees now in the rooms and day-rooms are attractive, and comfortable for active patients; the provision of chairs of the type suggested in wards for infirm patients and in single rooms used by patients who are bed-ridden most of the day but able to sit up for a little in their own rooms would be an asset.

Gresham House, for men, is occupied by those whose behaviour and mental state is such that they can lead a life of less supervision than those in Tyson House, but are not able to go to the much freer conditions of Whitley House. Here I heard the views of 2 patients who were shown to me as likely to be interested in squash racquets. Perhaps it will be possible to provide a court for those who would like to play, when opportunity offers. The new sports pavilion, built since last visit, is proving to be an asset, I understand.

In the occupation therapy room much attractive work was on view, and as at last visit I found the patients enjoying the work. Several prizes and commendations have been gained by work sent in from this department in competition with that from many other parts of the country. One or 2 rugs are made here. I would suggest that the making of wool bed-side rugs would provide an interest to those who made them, an occupation (wool sorting) for helpers not capable of the actual making, and in the wards a comfortable and attractive substitute for the rubber mats at present in use. This work would probably last for a considerable time. The time spent in the occupation room by those who attend is $1\frac{1}{2}$ hours, twice weekly. The room to-day was rather cold.

During a long day here time did not allow of a visit to the laboratory, but the pathologist, Dr. Lovell, discussed with me some of the lines on which biochemical and pathological work is done in relation to the clinical needs of the hospital and in the endeavour to elucidate some of the disturbances in the chemistry and physics of bodily fluids which appear to underlie some types of mental disorder.

Dr. Hamilton and Dr. Whittaker, Miss Hearder and Mr. Coston, head male nurse, accompanied me to the wards in their charge.

The changes which have taken place since last visit leave in residence 216 patients, classified as follows :—

				Voluntary.	Temporary.	Certified.	Total.
Male	...	...	...	64	3	30	97
Female	...	...	...	78	4	37	119

One patient of each sex is out on leave or trial; another, on leave till to-day, returned before the end of my visit. I had a special interview with 1 patient.

The visit has been interesting and pleasant, particularly in its demonstration to me again of the kindly and friendly atmosphere in which treatment is carried on here (as I had seen it in former years in the old Bethlem Royal Hospital) as well as of the beauty of the grounds of this hospital.

BOOTHAM PARK, YORK.

August 26th, 1936.

Paying to-day the second visit of the year on behalf of the Board I was sorry that Dr. Jeffrey was away; fortunately his health has improved and he is on holiday.

The changes which have taken place leave on the books the names of 89 patients (male 41, female 48); all are in residence and I have seen them all. A few are so querulous or depressed that they are dissatisfied with almost every item of their daily lives, and a considerable number are apathetic

or preoccupied with delusional ideas, but all who are sufficiently observant and clear to appreciate their surroundings spoke well of the hospital and 1 or 2 went out of their way to express gratitude for the care and kindness shown to them.

The lines upon which the hospital is run have been indicated in previous reports. There were 3 points which particularly struck my attention to-day. The first was the thought given to individual needs and taste in the matter of diet; in addition to the main meals of breakfast, dinner and high tea, there are given during the morning and in the evening drinks of tea, coffee, cocoa, beef-tea, chicken broth, milk or egg flip, according to the choice or the need for extra nourishment of each patient.

The second point is the successful encouragement of occupations of various kinds. It is often said that it is not possible to induce private patients to occupy themselves. To-day, most of the able-bodied patients were at work in some way or another, including the 3 who habitually work in the garden; there are some younger patients who, if left to themselves, would quickly become altogether lethargic and effort is made to interest them in what others are doing, whilst 1 or 2 are employed with enjoyment on the construction of models. The number of cricketers—patients and staff—is adequate for 2 teams, 1 of them competing for the Hospitals Cup. Since only about 28 of the 41 patients in this part of the hospital are well enough to dine in the dining-room this activity is very creditable. The corresponding feminine activities such as embroidery, painting and barbola work, with tennis, clock golf and croquet interest a number of patients.

The third outstanding feature of the hospital is the energetic use of its facilities as a training-ground for mental nurses. Medical and nursing lectures are given by the medical staff and by Matron; a demonstration of invalid cookery and a test paper had been given this morning. Nurses are expected to take the State examination in mental nursing and to leave, many of them to go on to general nursing, after 4 years here, unless there is some special reason to the contrary. There is a well-equipped library of technical works for nurses, with books on the history of nursing, medical and surgical nursing, as well as the knowledge of and nursing in mental disorder, and a number of special subjects such as infectious illness, diet, rheumatism, skin therapy, ultra-violet radiation and many more. This teaching is bound to promote interest and keenness in the nursing staff and the books give every facility for study, all of which is to the benefit of the hospital and the patients.

On examining the case-records of a number of patients I found them to give clear descriptions of the mental and physical variations of the illnesses and to reflect the care and interest in the medical side of the work which was evident during my visit to the wards, when I was accompanied by Dr. Love or Dr. Macphail.

After this, my first visit to Bootham Park, I am satisfied that the patients here are well cared for in comfortable circumstances.

THE COPPICE, NOTTINGHAM.

September 9th, 1936.

This visit was the second to be received this year by this hospital, and we were ably assisted by Dr. Hunter and Dr. Sharman in seeing all the patients who are resident here to-day; the exceptions being 8 gentlemen (1 of whom is a voluntary patient) who are away for the usual change of air at Morton Hall. Besides these patients who are at the seaside there were 4 others who were away on leave elsewhere—1 of whom was a lady taking “temporary” treatment here while the others were under certificate, 1 lady and 2 of the opposite sex.

The actual number of patients we visited this afternoon was 80, of whom 41 were ladies. Altogether there are 17 voluntary patients, the men predominating by 1.

It was interesting to see in the kitchen that a new stove had been installed and that much new kitchen apparatus was about to be fitted in the very near future which will result in a complete re-organization and modernization of this bright kitchen. As it was a fine day nearly all the patients were out of doors except for 3 ladies who were in bed in the wing and 2 others in the gallery—so we were unable to see anybody actually working in the occupational therapy department, but we were able to see many fine examples of the various handicrafts which have been produced in the last month or so, while some of the work such as mats, are tastefully displayed in the hospital itself.

The decorations which have taken place recently seem to be all on the male side of the building where new furniture has been provided and add greatly to the charm of the already bright surroundings. In the summer we are told that organized visits to the town cinema occur every fortnight for the more appreciative patients. It was evident that all the patients receive great care and consideration both from the point of comfort and medical attention.

MORTON HALL, OULTON BROAD, LOWESTOFT.

September 24th, 1936.

There were 8 gentlemen in residence to-day. I spoke to all of them and gave 1 a private interview.

I was informed that there is some difficulty in persuading 1 of the patients to take sufficient food. I suggested that he should be weighed weekly and the medical officer informed if he loses weight. The patients are taken for drives 3 times a week and for country walks.

They appeared to be as contented as their various mental states permit and to be well cared for.

The premises are kept in good order. The suggestion made by my colleague at the last visit as to placing additional rails on the outside fire escape has not been carried out. I am of the opinion that this should be done.

COTON HILL HOSPITAL, STAFFORD.

September 9th, 1936.

There are on the books to-day 110 patients, 42 gentlemen and 68 ladies. Of these, 5 gentlemen and 7 ladies are on a voluntary basis, 1 lady is in the temporary class, and 37 gentlemen and 60 ladies are under certificate. One male patient is out on trial.

Since the last visit 27 patients have been admitted, of whom 5 men and 11 women were of the voluntary class, 2 women temporary patients, and 6 men and 3 women were certified.

Seventeen patients have been discharged of whom 12 were voluntary patients and 1 a temporary patient. In the same period 2 men and 7 women have died, all from natural causes.

The health of the patients has been good and there has been no accident of a serious nature. Fifteen ladies and 7 gentlemen were in bed to-day mainly because of some physical ailment.

I saw all those in residence and gave a private interview to 1 gentleman.

The talking film apparatus has now been installed and several entertainments have already been provided. It is gratifying to know that the effects are judged to be satisfactory.

The lady occupation officer now attends on 3 days a week and 22 ladies attend each session.

An ultra-violet apparatus has just been installed and will be used in the treatment of appropriate cases of both sexes.

On the male side an effort should be made to brighten the galleries and day-rooms, particularly those occupied by the better patients, by means of

pictures of an artistic type. The rooms and galleries in the corresponding section of the ladies' division are very much better in this respect and were to-day warmed by open fires.

Certain of the metal window frames are working loose and need early attention. The deterioration of the stone-work to which these metal frames and windows are fixed is mainly responsible for this and the matter presents a somewhat difficult problem. The ventilation of the smoke-room in G3 (male) has been improved by the adoption of the method suggested in the previous report and the recommendation regarding the side-rooms will receive further attention.

Dr. MacDonald who accompanied me during my visit has the assistance of Dr. Gallagher.

HOLLOWAY SANATORIUM, VIRGINIA WATER.

November 27th, 1936.

During my long visit to this hospital to-day I have had numerous conversations with many of the 131 gentlemen and 174 ladies at present in residence, a number of whom expressed grateful appreciation of their treatment. In various directions it was clear that patients receive a great deal of individual attention and consideration in the matter of personal inclinations and wishes.

In the absence of Dr. Devine I discussed with Dr. Harper and Dr. Rutherford certain questions arising out of a perusal of laundry lists, points of patients' personal hygiene and w.c.'s.

Since the visit in March the new wing to the retreat ward, on the gentlemen's side, has been completed, as well as a sanitary annexe, bathroom, locker-room and a day-room. The new wing contains 7 single rooms (3 of which have protective panels) communicating directly with a pleasant verandah. In this wing there are also a sanitary block, a treatment bath, a linen-room and nurses' lavatory.

Additions to the boiler house are in progress.

Two gentlemen and 26 ladies are at present on holiday at St. Ann's, Canford Cliffs, and 1 lady is away elsewhere on leave. One gentleman whom I did not see, was out for the day.

Since the last visit 9 gentlemen and 6 ladies have died: 1 of the latter succumbed to hypostatic pneumonia which followed a fall in which the neck of the femur was fractured. This was the subject of an inquest. The other deaths all resulted from natural causes, 6 being due to congestive states of the lungs. One gentleman has had scarlatina and so have 3 members of the female staff.

On the ladies' side the number of caution cards against self-injury is at present 18, 10 of which concern patients occupying single rooms: some of these ladies have special nurses continually with them but, in 5 cases, 1 nurse supervises 5 single rooms at night.

The number of male nursing staff is 3 fewer than in March, and the percentage of certificated nurses now stands at 54·4 for men and 37·8 for women nurses.

The hospital affords a considerable measure of comfort in all its divisions, but I was glad to hear of a contemplated extension which will permit of more space in the room which serves as a dormitory for frail and aged ladies.

A few of the rooms would be improved by the replacement of the present bulbs by those of a higher candle-power.

Private interviews have been given to 3 ladies and 1 gentleman: no action arises at present thereon.

A report a month hence is requested on the condition of 1 lady, a voluntary patient.

ST. ANN'S, CANFORD CLIFFS.

November 19th, 1936.

Paying a second visit for the year to this branch of Holloway Sanatorium to-day I found 26 ladies and 10 gentlemen in residence. Of these 7 ladies and 2 gentlemen are on a voluntary basis, the remaining being under certificate. All were in at the time of my visit and I found most of them happy, contented and appreciative of the care and attention they receive here and of the comfortable conditions in which they live. All are encouraged to adopt some form of occupation or hobby.

In the absence of the Matron, who was off duty, I was taken round by Sister Martin.

THE LAWN, LINCOLN.

September 12th, 1936.

As Dr. Mackenzie was away on holiday and Dr. Matland was off duty we were assisted during our visit yesterday and to-day by Dr. Hunter and the matron, who were able to give us every assistance. It was pleasing to see those rooms of the house occupied by the gentlemen were among other things being re-decorated and so brought up to the standard which we found so agreeable in the rest of the house.

We understand that the new nurses' home will be started next year and then definite consideration may be given to the building of a new verandah on the lower south wing of The Lawn itself.

Many recreations are provided for the patients such as tennis, croquet, and walks in the gardens which have excellent views.

Wireless and reading seem to be the main indoor form of occupation for the men, but Miss Holmes, the occupation therapy officer, aids them chiefly with rug-making as opposed to the more numerous ladies who are able to make useful gloves, baskets and attractive stuffed animals in addition to some very decorative and useful needlework.

Book-binding might usefully be started, as it would provide more occupation for the men and there is sufficient material to be beneficial. The physical exercises and folk dancing continue and are arranged more frequently in the summer months than the winter. Some of the patients are amused by visits to the cinema, excursions, etc., whilst 4 or 5 motor cars take parties to see the Lincolnshire Handicap run each March.

We are satisfied that all the voluntary patients here are suitable as such, and have only asked for, within a month, a special report on 1 voluntary lady.

There are 4 patients on leave; 2 of them are voluntary, but all the gentlemen had returned from leave with the exception of 1 who was out for the day. Of the temporary patients we consider 1 gentleman might well be here on a voluntary basis. Since the visit of the last Commissioners there have been 14 admissions of whom 9 are voluntary and 1 temporary. The patients in residence to-day number 79, of whom 25 are gentlemen and 54 ladies—of the former there are 2 temporary and 8 voluntary patients, while of the latter there are 15 voluntary.

Since May last there have been 10 departures, all voluntary patients, with the exception of 1 who was a certified patient: 1 lady died from natural causes last June. Two private interviews were given at the request of patients.

The medical care given to the patients is good; the case records of the patients are kept in convenient form but are not all complete.

Those in bed are, in our opinion, carefully nursed. All sisters have had training in general as well as mental nursing. Male nurses attend lectures here, but the small number of patients under their care prevents the recognition of the hospital as a training school for them.

Female nurses study for the examination of the Royal Medico Psychological Association and for the State examination.

We should like to congratulate Miss Bland and her staff on the success achieved. We hope that advantage will be taken of the knowledge and experience of Miss Holmes in handicraft to provide some training for all nurses in the work.

There was a general atmosphere of contentment, except amongst patients whose mental disorder naturally caused them to be indifferent or disturbed: from those who were able to realize their circumstances more fully we had many expressions of appreciation of the comfort and kindness given to them here.

MANCHESTER ROYAL HOSPITAL, CHEADLE.

October 13th, 1936.

Visiting this hospital to-day we found in residence 120 gentlemen and 190 ladies. In addition there are on leave at Colwyn Bay or elsewhere 4 gentlemen and 43 ladies making the total number upon the books, 124 gentlemen and 233 ladies. There have been since January 1st, 1936, 188 patients (99 gentlemen and 89 ladies) directly admitted. It is a matter for congratulation that of this total 140 were admitted under the provisions of the Mental Treatment Act, that is to say not as certified but as voluntary or temporary patients. The latter class, however, number 6 only (1 gentleman and 5 ladies) and it does not appear to us that the provisions of Section 5 of the Mental Treatment Act relating to the machinery for dealing with patients on a temporary basis as opposed to certification are yet properly appreciated or utilized by the general practitioners who are originally responsible for the treatment of patients who are sent to this hospital.

We saw all patients in residence and believe that all who so desired were afforded the opportunity of speaking to us; in 2 cases we granted private interviews. In particular we devoted attention to those patients (numbering 37 gentlemen and 42 ladies) who have been admitted since our last visit. We found, without exception, all parts of the premises in excellent condition and we are satisfied that every care and consideration is given to all patients. We were particularly impressed by the well-considered classification of the patients in the day-rooms.

It is gratifying to find that of the total number of patients in residence 173 usually attend associated entertainments. We were shown a printed programme of talking pictures to be exhibited during the winter months and were impressed with the quality of the films. We discussed with Dr. Thomson the precautions which were being taken to safeguard the patients in the event of fire from this particular source.

The most important development which we have to note since our last visit is unquestionably the erection of the new nurses' home. Rapid progress is being made with this building, the whole of the structure being already under cover. When accommodation is available in the home a number of single rooms in the main hospital will be released for other purposes. We were glad to hear that it is proposed to utilize some of these as clinical rooms.

Since our last visit the number of patients who have died is 33. In all cases death was due to natural causes, and most of the patients were elderly. Five, 4 ladies and 1 gentleman, have sustained fractures, but 2 of these received their injuries before being admitted to the hospital. In the case of 1 other patient it was found necessary to amputate a limb.

A high standard is maintained in the nursing of sick patients. To-day there are 34, 20 ladies and 14 gentlemen, being nursed in bed, but only 4 of these were thus nursed on account of their mental condition. The impression we received was that the happy mean between rest and activity is being adopted in the treatment of all patients.

We were sorry that our visit took place in the absence of Dr. Roy who was on holiday. Dr. Thomson, the deputy superintendent, accompanied us throughout our visit and we wish to express our thanks to him for facilitating our enquiries in every way.

GLAN-Y-DON, COLWYN BAY.

June 19th, 1936.

There are 7 gentlemen and 35 ladies in residence to-day. Of these, 2 gentlemen and 6 ladies are voluntary patients. Ten ladies live in the annexe and included among them are 2 voluntary patients. Only 1 lady was in bed and that because of temporary restlessness. Several patients had gone out for the morning but returned before I left. I saw all of them. One lady asked that she should be discharged and another made the request that she should be visited more frequently by her petitioner. In the former case I am satisfied that the patient requires continued care; in the latter it may be possible to arrange for more frequent visitation.

I found the various sitting-rooms and bedrooms in excellent order, attractively furnished and decorated. The gardens and lawns are well kept and the facilities for outdoor recreation are adequate. The environment throughout is bright and cheerful. The roof of the hall is being repaired, the tiles in places having deteriorated.

The nursing staff consists of the matron, 1 night nurse and 7 day nurses.

Dr. L. Harris-Liston and Miss Nelson have recently taken up duties as resident medical officer and matron respectively.

THE RETREAT, YORK.

August 28th, 1936.

This report of the second visit of the year on behalf of the Board is written in unusual circumstances, in that the hospital fire alarm has been rung and a demonstration by the hospital fire brigade is in progress, including the use of the escape ladder, hoses, hand extinguishers and of various methods of dragging, carrying or restoring those overcome by smoke. This alarm, of which the hospital staff have had notice beforehand, was planned some time ago as a means of teaching those concerned and is a departure from the usual plan of unexpected fire-drill practice. The new alarm system has worked well and the practice to-day has proved to be informative and useful.

The numbers are as follows :—

				Voluntary.		Temporary.		Certified.		Total.	
				M.	F.	M.	F.	M.	F.	M.	F.
On the books	...	...	...	22	18	—	4	45	102	67	124
On leave, trial, or holiday	...	...	...	—	3	—	—	3	16	3	19
In residence	...	...	...	22	15	—	4	42	86	64	105

I saw, I believe, all those in residence, talked to many and had private interviews with 3.

Since last visit there have been 8 deaths, all but 2 from natural causes. The exceptions were firstly the death of a depressed patient who died from a suicidal act apparently committed on a sudden impulse, as she had shown every sign of making a gradual and satisfactory recovery and, secondly, the death of a debilitated elderly patient in precarious health, who sustained scalds from the accidental bursting of a hot water bottle which was not old or known to be in anything but good condition. No comment is called for in either case; inquests were held in both.

The house was in excellent order, bright and comfortable. The swimming bath which was opened for use in May, is very attractive; it is within the walls of a disused house, but open above; there are dressing-rooms attached, and an adjoining portion of garden is used for sun-bathing. Morning and afternoon are divided into a number of sessions for swimmers, so that some are for male staff, some for female staff, and some for both, while up to the present, 2 female patients and 8 male patients have enjoyed the use of the

swimming bath. It was interesting to hear of the sudden activity of a stuporose patient who now swims regularly, following an indifferent beginning in the bath.

A new dental room is to be equipped shortly, and arrangements have been made for the more frequent attendance of the dental surgeon, so that all new patients can be examined by him. The room formerly used for dental treatment has been opened into the adjoining laboratory, so that two rooms are now available for laboratory work, which is to be carried on rather more fully than has been done hitherto. Both these improvements should benefit the patients considerably. The new dining-room in the part of the hospital known as "Gentlemen's East" is proving to be useful, and the verandah on gallery I, alluded to at last visit, with its quiet situation and pleasant outlook was obviously a great asset when seen during this visit.

The provision of an office for the occupation officer is contemplated. Another direction in which improvement is under consideration is in arrangements for the hanging of frocks and costumes—lack of space makes it difficult, but it is certainly unfortunate that dresses have to be folded when every detail which makes for attractiveness and freshness in their appearance is a stimulus to the self-respect of the patient concerned.

There has been considerable redecoration in light, soft colours, to the improvement of the hospital. It was interesting to learn that only 6 out of 75 single rooms in the hospital are without handles which will open the doors, so long as they are unlocked, from the inside. There are several points of importance in this relation: the need to keep some doors locked at night because of the restlessness or impulsiveness of the patients who sleep in the rooms; the increased time taken in opening doors which have to be locked and unlocked by key, in emergency, as is the case with the single room doors here, by comparison with the speed of opening the door with spring lock, and the lack of sense of confinement to the patient when a handle is visible on the inside of the door.

Occupation has advanced by the appointment of an additional officer, Mr. Oliver, to organize occupations and recreations generally, and in particular for men, while Miss Hogg is in charge of occupations in the other half of the hospital and Mr. Lawton continues the work previously commented upon, in the occupation room. During yesterday's visit, some 30 patients of both sexes were taking part in or watching the hospital tennis tournament, and to-day 2 sections of patients were seen at physical training of a varied range, 1 section including patients able to respond well, and the other those who were almost all quite lethargic and unoccupied when left to themselves. The very interesting work of this group is comparable with the scrappy and inexpert handwork of schizophrenic patients in the occupation room and shows that these forms of treatment are applied with a definite educative and curative aim.

Nursing teaching continues on the lines already well known in this hospital, and an advance has been made here also in that arrangements have been made with the York County General Hospital for the nurses in training at that hospital to receive their regular anatomy and physiology lectures at The Retreat, some teaching facilities in the general hospital being given for The Retreat nurses in exchange. So far as I know this is the first use of a mental hospital as a teaching centre for some of the work of all nurses in training at a general hospital, though exchange arrangements have been in force in some other parts of the country, for selected nurses. This liaison between the 2 branches of nursing is greatly to be welcomed.

A feature of the medical work here is the time spent on individual psychotherapeutic help to patients who show any likelihood of response. I saw some very careful and full notes, apart from those of the case-records, the result of long and detailed talks by patients with their doctors, in accordance with the scheme whereby Dr. Beresford covers preliminary ground in investigating the patients' troubles, and, so far as is possible, the cause of them,

while Dr. Macleod then takes over the cases for personal advice and treatment. This use of definitely planned psychotherapy is proving to be very helpful to many patients, as might be expected, and shows the place of such work in the general treatment of mental disorder in hospital conditions.

Dr. Macleod has the help of Dr. C. C. Beresford and Dr. G. D. Knight, the latter being on holiday, her place being taken by Dr. Tabrett as *locum tenens*.

ST. ANDREW'S HOSPITAL, NORTHAMPTON.

October 19th, 1936.

I have to-day paid a visit to the hospital on behalf of my Board seeing and speaking to all the patients in residence in the main building and in its ancillaries, giving private interviews to 7 ladies and 1 gentleman. I received no complaints of substance, but on the other hand many patients expressed their gratitude to the medical and nursing staffs for treatment and attention.

I paid particular attention to the numerical strength of the nursing staff on duty at the time of my visit, and am satisfied that it is such as to guarantee efficient attention both in the sick and admission units and in the ambulant wards. There is a total of 144 male and 145 female nurses, 5 of the latter being employed in nursing male patients; 15 male and 16 female nurses are on duty by night. Ninety-one men and 39 women are certificated or registered as mental nurses.

There were to-day 175 gentlemen and 292 ladies in residence; also 58 and 6 respectively were on leave or trial making a total of 233 gentlemen and 298 ladies on the books, of whom 39 and 55 respectively are on a voluntary footing and 1 of each sex temporary.

Changes amongst the patients since January 1st have been :—

				Voluntary.		Temporary.		Certified.	
				M.	F.	M.	F.	M.	F.
Direct admissions	...	...	...	41	35	2	5	5	10
Admitted on transfer	...	...	...	—	—	1	—	2	6
Discharged	...	...	...	34	23	1	1	4	7
Of whom recovered	...	...	...	6	11	—	1	3	3
Transferred to other care	...	...	...	—	—	—	—	1	6
Died ...	...	...	...	5	5	—	2	5	12

Since the last visit by my colleagues in March there have been 22 deaths—8 males and 14 females, the causes of which do not call for special comment. One inquest was held, the circumstances of which have been reported to my Board.

Two ladies have sustained non-fatal injuries during the period under review, 1 was a spontaneous dislocation of the shoulder and the other a superficial throat wound self-inflicted.

A considerable amount of activity is noticeable amongst both sexes, many of whom are employed in useful handwork, but unfortunately the occupation officer was away to-day and many of the regressed patients were unemployed.

One hundred and five gentlemen and 138 ladies are able to enjoy associated entertainments and in this connection it is to be noted that a talking cinema apparatus with double projector is in process of installation.

Eighteen gentlemen and 15 ladies have extra mural parole, while 42 of the former and 19 of the latter enjoy parole within the grounds; also 198 patients are taken for drives once or twice a month.

A great deal of re-arrangement of space with additional accommodation in process of building is being carried out at the main building and when finished will afford much improvement in the provisions made for medical officers, matron, housekeeper and visitors. Also increased space is being provided for the steward's department, linen-room and sewing-room.

The new central dining-hall has been completed and will be taken into use when the furnishing is finished. New offices for the accountant's staff have been provided as well as a male nurses' recreation room and hairdressing room for male patients.

Handicraft rooms for ladies and a new mortuary are contemplated.

The wards, many of which showed signs of recent decoration, were nicely heated and ventilated at the time of my visit.

In the farm house which is to be redecorated I would suggest that a drying room for clothing would prove a useful addition.

Dr. Rambaut has the assistance of Dr. Phillips as deputy with Drs. D. J. O'Connell, B. Bond, Morgan Jones and Dr. Dixon, who was away at the time of my visit. Dr. Ruby Stern has left and has been succeeded by Dr. W. H. Ashby as pathologist. I am much obliged to Dr. Rambaut and the medical staff for their kind attention to me during my visit.

BRYN-Y-NEUADD, LLANFAIRFECHAN.

July 6th, 1936.

I have found 40 ladies and 22 gentlemen in residence to-day. I have seen and spoken to them all, except 1 gentleman, out for the day. A party of ladies was out driving during the earlier part of my visit, but returned in time for tea.

All the ladies except 1—whom I saw at Hafod Fadog—were in residence at the Hall. Many of them spoke with appreciation of their charming surroundings and were obviously enjoying their holiday.

One lady asked for a private interview.

The gentlemen, who are nearly all permanent residents, were for the most part out in the grounds and I saw them there. The possibility of interesting some of them in handicrafts as hobbies struck me and I have had a talk with Dr. Starkey about it. I realise that the majority of the gentlemen here are of somewhat advanced years, but there are several younger ones amongst them.

Steps are being taken to replace the bars on some of the bedroom windows in the manner suggested by my colleagues who visited last year.

The house and grounds were alike in excellent condition.

I am sure that the patients here receive most kindly and thoughtful care as well as skilled medical and nursing attention.

THE WARNEFORD HOSPITAL, OXFORD.

August 13th, 1936.

The changes that have taken place since the last visit leave on the books the names of 107 patients, of whom 19 are classed as voluntary, 2 as temporary and 86 as certified. Except for those out on leave or for the day I believe I have seen all those in residence, i.e., 103 patients, and have given them an opportunity to speak to me; private interviews were given to 6 patients.

The house generally was bright and comfortable and in excellent order. There is an ample supply of classical literature and many patients have library subscriptions of their own. Others are destructive or careless with books, but a good supply of modern light literature could be got at very little cost and the binding of damaged books would be a useful addition to the range of occupation therapy work, which has already made a beginning in this direction. On enquiry I learned that all the doors of single rooms are locked at night, the patients being visited every hour. Such precaution is obviously necessary in many cases for the proper care and safety of the patients; I would suggest that consideration is given to the possibility of arranging that some single rooms could be opened from within, or communication made between the patients occupying the room, and the staff, by means of a bell, which could be disconnected if unreasonably used.

Whether this suggestion is practicable or not can only be settled by those who know the hospital's liability for sudden need for single rooms for difficult patients, and the individual patients concerned; in some hospitals it has been possible to take some steps towards lessening the number of rooms in which patients are without door handles or bells, at night. Another point which suggests itself is the desirability of making some arrangement for drying mackintosh sheets elsewhere than on the towel rail in the bathroom, and the provision of outdoor furniture to replace the sofa which had to-day been carried out into the garden adjoining the verandah where bicycles are stored; I understand that some means of dealing with the latter is already under consideration.

The gardens and the dining and sitting-rooms were bright with flowers. Those in bed were carefully nursed and the mid-day meal was pleasantly and daintily served; several patients spoke appreciatively of the food given to them.

Owing to the absence on holiday of the officer in charge of the occupations for the gentlemen and the illness of Miss Macpherson, who is in charge of the occupations for the ladies, the work is temporarily suspended, but it was pleasant to see the range of work done, covering embroidery, painting, leather and pewter-work, wool and bead-flower making, fretwork, rug-making, weaving, stool seating, and a beginning of bookbinding, and to hear from both members of the staff and the patients of the real interest taken in it. There is a programme of tennis and cricket matches with outside teams. These activities do much to prevent the stagnation which is so apt to assail a hospital where patients, including many who are indifferent to everything but their own thoughts, live for months or years on end.

The relationship between the patients and the members of the medical and nursing staff seemed to be one of understanding and confidence; I received many expressions of gratitude for thoughtful kindness shown.

In the absence of Dr. Neill, who is on holiday, I was accompanied by Dr. Beggs. Dr. L. Fullen is here temporarily.

WONFORD HOUSE, EXETER.

December 15th, 1936.

Paying the second visit for the year, on behalf of my Board, here to-day, I found 45 gentlemen and 67 ladies in residence, 10 ladies on leave at Newlands and 3 ladies on leave at their own homes—making the total number on the statutory books 125 (male 45, female 80).

Of the 112 patients in residence, 4 gentlemen and 5 ladies are on a voluntary basis, the remainder being under certificate.

Since the last visit 10 months ago, 11 gentlemen and 11 ladies have been admitted. Of these, 2 gentlemen and 5 ladies came on a voluntary basis, the remainder being under certificate. During the same period 9 patients have died—all from natural causes.

I have spoken to all the patients here to-day and found the majority well satisfied with the kindly and sympathetic care and attention they receive. Most of the gentlemen were walking in the gardens.

The house was in very good order, the rooms comfortably warm and, on the ladies side, the sitting-rooms bright with flowers.

An occupation class is held 5 afternoons each week and patients of both sexes (usually about 30) attend. In addition to the usual rug-making and weaving, book-binding, barbola work and chenille work have recently been introduced.

Rug-making, embroidery and weaving are also encouraged in the wards on each side in the fore-noons.

A room has been set aside and fitted up as a hairdressing saloon and beauty parlour. Two full-time assistants are employed. The room is in use daily and has proved extremely popular.

Parole beyond the grounds is enjoyed by 3 gentlemen and 4 ladies, while 5 gentlemen and 13 ladies are allowed parole within the grounds.

Twenty-eight patients are taken drives—on an average, twice weekly.

Concerts and bridge parties are held in the recreation hall. A dance instructress comes once a week to teach country dancing to about 30 patients and frequent practices are held during the week.

The nursing staff consists of 24 male and 33 female nurses. Of these 3 men and 5 women are on night duty.

Dr. Eddison being at Newlands at the time of my visit, I was taken round by Dr. Mullin to whom I am indebted for his helpfulness.

NEWLANDS, DAWLISH.

February 22nd, 1936.

This forenoon I visited this branch of Wonford House where there are at present 10 ladies in residence. Of these 5 had gone for a drive, but I saw the other 5 who were very contented. One lady was in bed, but she gets up in the afternoon.

The house was in excellent order, and the garden was well cared for, though the weather recently has been very wet.

The staff is the same as at last visit. Miss Nicholls was out at my visit, but the sister accompanied me round and supplied all the necessary information I required.

The ladies still take an interest in their gardens, and in various forms of handicraft work.

I am satisfied that the patients are in receipt of proper care and attention in very comfortable surroundings.

ROYAL VICTORIA HOSPITAL ("D" BLOCK), NETLEY.

October 15th, 1936.

I visited this branch of the hospital to-day on behalf of my Board.

Since January 1st, 1936, 217 patients have been admitted. There were 19 in residence to-day, this being an unusually small number. There were no officers under treatment.

Dr. H. Scott Forbes, who was in charge in the absence of Lt.-Col. H. Gall, took me round. His intimate knowledge of all the cases made my visit most interesting.

The majority of patients admitted are quite young men and nearly all of them arrive shortly after the onset of their illness.

Of the 217 cases admitted since the beginning of 1936 no less than 195 have been discharged as recovered whilst it has only been found necessary to place 21 under certificates, where indicated treatment is carried out on psycho-therapeutic lines. The stay in hospital is usually limited to a few weeks as the majority of patients are invalided from the service. The number who return to duty is very small.

The patients appear to be well cared for by a staff of 26 male attendants, 5 of whom are certificated as mental nurses.

Owing to the small number under treatment at present all the cases are accommodated on the ground floor. I was informed that redecoration of the first floor is to be started shortly and this will include the officers' quarters which I thought rather gloomy to-day.

There are plenty of opportunities for indoor and out-of-door recreations. Various handicrafts are available for suitable cases, but there is naturally not much scope for this form of treatment as the average stay is so short.

Before leaving I saw the patients at dinner. The meal was a good one and they appeared to enjoy it. The dietary generally is on a liberal scale so necessary in the treatment of mental disorders.

At the conclusion of my visit to "D" Block I had the pleasure of meeting the Commandant, Colonel G. F. Rudkin, D.S.O.

ROYAL NAVAL HOSPITAL, GREAT YARMOUTH.

September 23rd, 1936.

At the annual visit paid by me to-day on behalf of the Board there were on the books the names of 27 officers and 183 men, a total of 210 patients. There are no voluntary patients at the present time.

Since the visit, on the 27th November, 1935, of one of my colleagues, 4 patients have been admitted, 4 have been discharged and 2 have died.

The accommodation at this hospital is for 258 patients, so that there were vacancies to-day for 48.

From the information I received during my visit I conclude that there is no likelihood of any considerable number of these beds being filled.

My experience, whilst visiting mental hospitals and establishments throughout the country, has shown me that there are retired naval officers as patients who would benefit by the treatment and surroundings available at Yarmouth.

That the facilities for treatment and the special advantages enjoyed here are not fully recognized is proved, I think, by the fact that there are not at present, any voluntary patients in residence.

No doubt, in the event of war, the accommodation would be fully taxed as was the case in 1917-19.

The general health of the patients has been excellent. There has been complete freedom from epidemics or infective disorders, including tuberculosis. Two fractures have occurred both from accidental causes.

No resort has been had to seclusion. Mechanical restraint has been employed on 5 occasions for a total of 20 hours. This was considered to be unavoidable in the case of an officer who fractured his leg during a maniacal outburst. Excepting officers, and a few senile and demented cases, almost all the patients are employed in some form or other. I saw only 1 able-bodied man who refuses to occupy himself in any way.

About 50 patients are employed in the workshops. Many of them are capable of turning out quite useful work, others are patients who were formerly considered to be unemployable.

The airing courts, which at one time were crowded with patients, were to-day almost empty.

The gardens and recreation ground provide occupation for a good number of able-bodied patients. A greenhouse and 4 garden frames have been rebuilt, and a tennis court, croquet lawn and clock golf ground laid out, all by patients' labour.

Many other alterations and improvements of a minor nature have been carried out both in the grounds and buildings.

Fifty-five patients are allowed full parole beyond the estate and 8 are allowed dual parole. All the houses, with 1 exception, are on the open-door principle.

The patients are encouraged to play out-of-door games, such as cricket, football, tennis and croquet. Indoor amusements consist of billiards and other games, cinematograph and library.

I visited all parts of the hospital and found the day-rooms and dormitories very clean and bright in appearance.

Surgeon-Captain C. M. R. Thatcher, R.N., who is in charge, took me round the hospital and discussed many points concerning the welfare of the patients. He has Surgeon-Lieutenant J. W. Oliver as a colleague.

BROADMOOR CRIMINAL ASYLUM.

September 29th, 1936.

We visited this Institution on behalf of our Board to-day.

Since the visit paid by two of our colleagues on July 4th, 1935, the following numerical changes have taken place :—

	Male.	Female.	Total.
Patients admitted	43	14	56
Patients discharged or removed	43	24	67
Of whom—			
Recovered and discharged to care of friends, etc.	32	20	52
Recovered and remitted to prison	1	—	1
Removed to other institutions	10	4	14
Patients died	18	5	23

On the day of our visit there were the names of 768 patients on the books, 592 males and 176 females.

All the deaths were from natural causes. An inquest was held in each case.

There have been no cases of epidemic or zymotic disease. Six male patients are reported to be suffering from tuberculosis : there are no cases on the female side.

Only 5 casualties are reported. Three were cases of self-inflicted injury and 2 were accidental—one a fracture while playing “ throw-ball ” and the other a fracture caused by a fall during an epileptic fit.

Many alterations and improvements have been carried out since the last visit. We particularly noticed the effective decoration that has been completed on the female side, especially the oak panelling in the day-room. Redecoration, which is badly needed on the male side, has been started in Male Block 2. Electrically-heated plate-warmers have been installed in Male Blocks 1, 3, 4 and 6 and will be provided in all blocks.

The remodelling of the airing court in Female Block 2 has been most successful and flowering shrubs have been attractively planted out. We think that a grass plot on which the patients could play games would be a valuable addition.

The works contemplated are extensive and interesting including, as they do, a new concert hall with cinema, new workshops, new hospital accommodation with operating theatre and X-ray equipment, dental surgery, library and new accommodation for medical officers and staff.

Briefly we may state that, in our opinion, all the above works are necessary if it is proposed to bring Broadmoor up to a level with up-to-date mental hospitals in this country.

As a result of experience gained whilst visiting mental hospitals throughout the country we believe that the following four more or less recent innovations have proved to be of immense value in brightening the lives of patients at these institutions :—

- (1) The installation of cinemas.
- (2) The installation of wireless.
- (3) The introduction of what is known as Occupation Therapy.
- (4) The provision of canteens.

(1) and (2) require little comment in this report as many of the wards already have wireless and the erection of a new concert hall with cinema is contemplated. It will be sufficient for us to point out that practically every mental hospital in the country has, or shortly will have, a cinema with sound apparatus.

(3) The number of patients returned as usefully employed during the week preceding our visit was 398 or just over 50 per cent. of the number resident. Eighty-five males are employed in the garden or farm, 79 in the shops, kitchen, bakery, etc., 29 in the laundry, 35 in weaving, rug-making, etc., and 141 in ward cleaning.

It is for the last group (141 ward cleaners), and the more demented or degraded patients, that we feel some tuition should be given in simple handicrafts. The introduction of Occupation Therapy to these classes of patients at some of the more progressive mental hospitals has given the most encouraging results. We realize that specially trained teachers are required and we have not forgotten that at Broadmoor an unusually large number of patients must be regarded as potentially dangerous. At the same time we would point out that at mental hospitals where this form of treatment has been intelligently carried out the amount of seclusion has been very much lessened, showing that the really difficult types of patients can be treated successfully.

(4) We should very much like to see a canteen at Broadmoor. The present system of obtaining goods outside for the patients has been very well organized. We saw an imposing list of articles that had at various times been ordered and it would be idle to suggest that all of them could be kept in stock at a canteen. Nor do we think it would be necessary. The canteens which have proved so successful in mental hospitals stock the everyday wants of patients such as well known brands of tobacco and cigarettes, fruit, sweets, etc. The point is that the patients can choose what they want through the shop window; for the majority it is the only chance of going "shopping", and they like it. Articles that are not kept in stock can be obtained outside.

During our visit we believe we saw all of the patients. Many of them questioned us about their continued detention, some asked that they might be transferred to institutions near their homes. We enquired from Dr. Foulerton, or a member of the medical staff, about all of these patients. We believe that in every case due consideration had already been given to these requests and in no case do we feel that it would be proper for us to ask for further investigation.

Apart from the question of detention we had no complaints of any significance.

Since the last visit, a period of nearly 15 months, 16 male and 36 female patients have been placed in seclusion, the total number of instances being considerable. There were three men in seclusion to-day. One of them, reported to be very dangerous, had been there for a prolonged period. Under the circumstances his physical condition appeared to be good.

The single rooms are being fitted with panel heating and re-decoration is being carried out on the male side, where we noted the useful work that is done by patients who are bricklayers, etc.

The male patients arrange their own games. In summer cricket is played, in winter a game peculiar to the establishment in which the football is propelled by hand. One or two patients expressed a wish to play ordinary football. We believe there is a special reason for not allowing this, but if matches were played with outside teams there would be many keen spectators.

The most prized privilege in a mental hospital is parole, either outside or inside the grounds. The former, we presume, is out of the question at Broadmoor, but we suggest that the question of granting the latter to a privileged few might well be considered by those responsible.

The dietary seems to be a good one. We saw dinner being served on the male side and it seemed to us that by the time the meat was cut up and the patients seated the dinner was cold. We consider that the provision of small dining tables to accommodate six patients would be an improvement on the existing arrangements and that the benches now in use might be replaced by chairs. Coloured table cloths, as used in some mental hospitals, are very effective.

We have to thank the Medical Superintendent, Dr. Foulerton, not only for taking us round the establishment but for the valuable information we received from him and the medical staff during our visit.

APPENDIX C.

ENTRIES BY COMMISSIONERS AT METROPOLITAN LICENSED HOUSES.

BROOKE HOUSE, CLAPTON, E.5.

November 24th, 1936.

There are 62 patients on the books to-day and 1 gentleman is away on leave. Since the last visit 3 ladies have been admitted as voluntary patients and 1 gentleman as a temporary patient.

One lady ceased to be suitable to remain here as a voluntary patient and is now retained under certificate.

The house is now in the hands of the decorators and makeshift arrangements are being made until all the gentlemen can be transferred to the gentlemen's villa.

I was glad to hear from Dr. Rollins that consideration will be given to the furnishing of the gentlemen's rooms when the decoration has been completed.

No new patients are being received until the building operations are completed.

CAMBERWELL HOUSE, CAMBERWELL, S.E.5.

December 10th, 1936.

Since last visit there have been a considerable number of improvements carried out; the recreation hall has been completely finished, and the necessary number of chairs supplied. In the north ward on the female side the sitting-room has been re-decorated with pleasing effect, as well as 1 of the dormitories. The front hall, corridor and visiting room have been repaired and re-decorated, together with the whole of the corridor adjacent to the Chapel. A new section to the boiler heating the male north side rooms has been fitted and is now in use, and a similar arrangement on the north female side is in process of completion.

During my visit I saw all the patients in residence, and paid particular attention to the newly admitted ones. I had exceptionally few complaints about detention, and those I had were from patients who were quite unfit for discharge. Many patients told me how comfortable they were, and the kindness they received from the medical and nursing staff.

There were in residence 271 patients, 183 ladies and 88 gentlemen, whilst 8 ladies and 14 gentlemen are on leave at Hove Villa, and 2 ladies and 1 gentleman are on leave elsewhere, making the total number of patients on the books 296—these are classified as follows:—

					Males.	Females.	Total.
Voluntary	...	...	...	...	19	38	57
Temporary	...	...	...	...	4	2	6
Certified	...	...	...	...	80	153	233
					103	193	296

Since the last visit 15 voluntary patients have been admitted, and 1 temporary and 17 certified. It is pleasing to see that so many of the patients have been admitted on the voluntary basis, and in only 1 case was it necessary to regrade a voluntary patient to the certified status, whilst 15 voluntary patients were discharged cured or very much improved.

The wards were in very good order, comfortably warm and well ventilated, and the patients in bed showed evidence of careful nursing attention.

The health of the patients has been good, there have been 5 deaths from natural causes and 1 by strangulation, in which the jury at the inquest reported that all due precautions had been taken; the particulars regarding this case have been reported to my Board.

In my round I saw 25 ladies busily employed in the handicraft room, where excellent work was being done of various types, to the evident enjoyment of the workers.

Three private interviews were given, no action is necessary in any of these cases, and I am reporting to my Board about 2 patients.

I have to thank Dr. Norman who accompanied me during my visit as well as Dr. Nuthall and Dr. McGeorge for much helpful information about the patients.

HOVE VILLA, BRIGHTON.

January 30th, 1936.

There are to-day 14 gentlemen and 9 ladies residing here on leave from Camberwell House, the majority of them having been here for some time. With the exception of 2 of the gentlemen I have seen all the others and found them in very comfortable surroundings and well cared for. One lady is permanently confined to bed. Six gentlemen and 2 ladies have their parole.

The house is maintained in good order; a small room, which was the waiting room, has been set apart as a writing-room and library.

I have been informed that the directors of Camberwell House have purchased the freehold of Hove Villa and grounds; the conservatory off the dining-room is to be turned into a sun lounge, and other improvements will probably be considered.

Miss McGuinness has the assistance of 1 sister and 6 female and 3 male nurses. Dr. Helen Boyle or Dr. Mary Martin visits at least once a week.

CHISWICK HOUSE, PINNER, MIDDLESEX.

December 1st, 1936.

Since my colleague's visit on October 22nd last, 1 gentleman has been admitted under certificate, and 1 as a voluntary patient. One gentleman has died from natural causes. There have been no changes on the female side.

There are to-day 23 ladies in residence at "Chiswick House" and 11 gentlemen at "The Grove." I have seen and spoken to all of them, and believe that they are in receipt of proper care and attention. One lady was very noisy at the time of my visit, but I was informed that these attacks are not of long duration.

The sitting-rooms and bedrooms are comfortable and very well kept.

The status of 2 voluntary patients is to be altered to that of temporary patients. When this is done I believe that all of the patients will be suitably classified.

CLARENCE LODGE, CLAPHAM PARK, S.W.4.

December 8th, 1936.

To-day there are 11 ladies in residence, 4 of whom are voluntary patients. In the course of the last 2 months the only admission was that of a voluntary patient who has since left, much the better for her stay here. During this period 1 other lady has left.

Accompanied by Miss Thwaites and the matron I visited all the rooms in the house, including those on the ground floor. Steady progress is being

made in overtaking arrears of re-decoration; but it is obvious some of the large rooms on the first 2 floors will need attention next spring. With 1 or 2 exceptions the rooms are clean and tidy; and the exceptions are those in which there are patients who cannot be persuaded to be tidy.

All the patients were seen to-day. Three were being nursed in bed, chiefly for physical reasons. Much attention is given to ensure the comfort of the patients during the cold weather.

The patients seem happy and contented in their homely surroundings.

FEATHERSTONE LODGE, FOREST HILL, S.E.23.

December 1st, 1936.

The same 5 ladies are in residence; I saw all of them and am satisfied that they are being well cared for.

The extensions are now nearing completion and it is hoped that the new accommodation will be available for the reception of patients in January. Improvements to the garden are also contemplated and the paths are later to be resurfaced. A hard tennis court will also be laid down early in spring.

FENSTANTON, CHRISTCHURCH ROAD, STREATHAM HILL, S.W.2.

December 8th, 1936.

I have visited this house to-day and I have seen all the ladies, 27 in number, who are in residence; except for 1 or 2 of them who were asleep, I conversed with each. Three of the ladies are in the voluntary, 2 in the temporary and 22 in the certified category.

Since the last visit 5 voluntary patients have left and 1 certified and 1 temporary patient who were admitted in this period were still here to-day. I paid particular attention to these cases and I am satisfied that the certified patient is rightly detained. One lady admitted under an urgency order was subsequently graded as a voluntary and has died.

The house was in good order to-day and the programme of re-decorations and modernizations which has been in progress for some time continues to be carried out with most satisfactory effect.

I am glad to find an occupation class in progress and I was able to watch the work for some time.

THE FLOWER HOUSE, BECKENHAM HILL ROAD, S.E.6.

November 30th, 1936.

Mrs. à Beckett is no longer resident in this house. She will be very much missed by the patients, the majority of whom have known her for many years, and have learnt to rely on her kindly help in their troubles. Fortunately she will be able to visit them from time to time.

Dr. T. Waterhouse has taken over the duties of medical superintendent in the place of Dr. Umney. Dr. Waterhouse is assisted by Dr. Edkins. Both of these gentlemen are resident in the house, but I did not see them as they were out for the afternoon.

I was taken round by the Secretary, Mr. Cave-Chinn, who knows the patients intimately and assists in their recreations.

There have been no changes amongst the patients since the visit on the October 23rd last, the same 30 gentlemen being in residence. Nine are here on a voluntary basis, the remainder being under certificates.

I saw a class of 9 being taken in handicrafts by a trained instructress. Two gentlemen were out for a drive but returned before I left.

The patients here are very well cared for. I particularly noticed the clean and tidy appearance of the patients, who require a considerable amount of attention owing to a tendency to faulty habits.

There were 5 gentlemen in bed to-day, all of them in receipt of excellent care and attention.

HALLIFORD HOUSE, UPPER HALLIFORD, SHEPPERTON.

November 30th, 1936.

During my visit this morning I have seen all the 16 ladies and 9 gentlemen at present in residence, with the exception of one lady who was out shopping. There are at the present time two voluntary patients of each sex, the remainder being under certificates.

All the ladies were out in the garden as also were three of the gentlemen.

Since the last visit arrangements have been made for the Matron to have charge instead of supervision as formerly of the male side and on my tour of that side this morning I discussed with her means of improving the methods of storing the gentlemen's clothing.

Two new slop sinks have been added during the Autumn in the outhouses of the respective houses and the bins for foul linen are now kept in the rooms where the sinks have been erected. The floor of the padded room on the gentlemen's side requires renewing and I hope that in due course it may be found possible to cover the stone floor of the ladies' bathroom with rubber or other suitable material.

The nursing staff consists of Mrs. Williams (Matron) with a charge and two other attendants on the male side and 4 nurses by day and one by night on the female side.

HAYES PARK, HAYES, MIDDLESEX.

December 4th, 1936.

There have been no admissions since the last visit. I found in residence 14 certified, 1 temporary and 1 voluntary patient. The mental condition of the last named may become a question for consideration hereafter, but at present I consider she may properly remain upon a voluntary footing.

The temporary patient is suitable to that category.

One patient has been discharged to other care.

I saw and spoke to all the patients in residence. I am satisfied that every attention is paid to their physical and mental needs.

JAMNAGAR HOUSE, STAINES.

October 1st, 1936.

At my visit to-day I found ten ladies in residence—5 being voluntary patients, 4 under certificates and one a temporary patient.

Since the last visit six voluntary and one temporary patients have been admitted. One lady left this morning.

Most of the patients were in bed this morning. I spoke to them all and came to the conclusion that the majority of them are deriving considerable benefit from the treatment they are receiving here. All of them require a good deal of attention and this is provided by a staff of seventeen nurses. Four of the patients have 2 special nurses each.

The patients' rooms and the house generally are kept in first-rate order.

MEAD HOUSE, HAYES, MIDDLESEX.

December 4th, 1936.

Since the last visit 1 lady, a voluntary patient, has died from natural causes. There have been no fresh admissions and no departures. I saw each of the 10 certified and 3 voluntary patients in residence. In the case of one of the latter I have asked for a special report in one month's time.

The rooms which I entered were very comfortable, well-furnished and well warmed. The patients appeared to me to receive kindly and skilful treatment and to be as contented as the mental condition of each respectively permitted.

MOORCROFT, HILLINGDON, MIDDLESEX.

December 5th, 1936.

There are in residence to-day 34 gentlemen and 8 ladies. Of the former 12 are voluntary patients and 22 are under certificates; of the latter 3 are voluntary patients, 4 are under certificates and 1 is a temporary patient. Since the last visit 4 gentlemen have been admitted of whom 2 were under certificates and 2 upon a voluntary basis. Two gentlemen also who were voluntary patients have left and one under certificate has been discharged. One lady and one gentleman have died from natural causes, and another gentleman, a voluntary patient, committed suicide by hanging, in circumstances which were duly reported to the Board.

I was able to see and speak to all the patients in residence with the exception of two ladies who were away for the week-end, and 4 gentlemen who were out walking at the time of my visit. I gave a private interview to 1 lady.

The arrangements made for the care and comfort of the patients appeared to me to be excellent. Dr. Stilwell kindly accompanied me throughout my visit.

NEWLANDS HOUSE, TOOTING BEC COMMON, LONDON, S.W.

October 9th, 1936.

At my visit to-day I found 11 ladies and 6 gentlemen in residence, 3 of the former are voluntary patients and the remainder are under certificates.

The only change since last visit is the discharge of a lady temporary patient.

I saw and conversed with all the patients in turn. One lady asked for a transfer elsewhere but I consider that her request was due to her mental condition.

The house and grounds were in their usual excellent condition.

NORTHUMBERLAND HOUSE, FINSBURY PARK, N.4.

December 3rd, 1936.

I have to-day paid the second visit of the quarter on behalf of my Board, and I have seen and spoken to all the patients in residence. There are to-day on the books 45 ladies and 29 gentlemen: of these 4 ladies were out to-day, or on leave, and 2 gentlemen, and these patients I was unable to see. There are 14 gentlemen detained under certificate and 29 ladies, while 15 gentlemen and 16 ladies are voluntary patients.

Since the visit of my colleagues in October last 2 gentlemen were admitted as voluntary patients and 2 gentlemen, also voluntary patients, have left. Three ladies were admitted as certified patients, 5 were discharged, and one died, 1 lady was admitted as a temporary patient and died, and 5 ladies were admitted and 1 left, all voluntary patients.

I found the house and the attractive gardens in very good order, and it was clear to me that the patients at Northumberland House are in receipt of very kindly and skilled care and attention. Dr. Dillon had an important engagement elsewhere and was unable to accompany me during my visit, but in his absence I was given every assistance by Dr. Glaister and Dr. Edwards.

OTTO HOUSE, 44 SYDENHAM HILL, S.E.26.

December 1st, 1936.

There has been no change in the number of patients in residence since my previous visit.

I saw all the 20 ladies in residence and gave 1 a private interview.

A door with glass panels is being made to give ventilation and lighting to a sitting room which will be especially reserved for voluntary and selected convalescent patients.

The room is large and pleasant and will result in a better classification of patients.

I found all the rooms in satisfactory order.

PECKHAM HOUSE, PECKHAM, S.E.15.

December 4th, 1936.

Since the last visit the changes amongst the patients leave on the books 311, of whom 226 are under certificate, 9 are temporary and 76 are voluntary. There are 5 patients on leave which makes a total of 306 in residence, all of whom we believe we have seen with the exception of 3 men and 3 women who were out for the afternoon; 1 of the latter was a newly arrived voluntary patient. All the patients admitted since our last visit are properly detained or allowed to remain here.

The patients seem well cared for and comfortable. Two wards on the men's side have just been redecorated which adds to the general brightness found throughout this hospital with the exception of ward 11 and some of its single rooms which need redecorating to bring them up to standard.

A new type of door fastening in some of the single rooms is one which provides for comfort. A light spring button catch holds the closed door in position while allowing for quick and easy opening either from within or without. It is hoped that one disadvantage of these catches, i.e., noisiness in operation, will be overcome shortly. The usual lock is available in addition if the rooms are used for patients who cannot safely be left with the opportunity of coming out of them at will.

In 1 ward we felt that the method of serving tea should be improved, to avoid piling on the plate of each patient several slices of bread and a large spoon containing jam.

The appearance and clothing of the patients is generally satisfactory and the men now have coat hangers which help to keep their suits in shape.

KEARSNEY COURT, DOVER.

February 13th, 1936.

There are only 3 gentlemen in residence here to-day, 2 voluntary and 1 certified and of these I have seen only 1 of the voluntary patients, the other 2 being on parole.

Except for the rooms occupied by these gentlemen the whole house is under redecoration and cleaning is going on everywhere. The central heating is on and a comfortable warmth is noticeable everywhere.

Miss E. M. Lowe, formerly at Virginia Water, is now matron, and the present staff consists of one attendant, two housemaids, cook and a kitchen boy, also there are 2 gardeners. An assistant matron is to be appointed shortly and the staff will be increased as required.

THE PRIORY, ROEHAMPTON.

December 1st, 1936.

There are to-day 39 gentlemen and 50 ladies in residence, all of whom I have seen in the course of my visit. They are all very comfortably situated and the rooms were all well warmed.

Since the previous visit 1 lady has left relieved and 3 have been admitted, 1 as a voluntary, another as a temporary and a third lady as a certified patient; the first-mentioned is seriously ill, the second, so far advanced towards recovery that she is returning home in a few days, and the third is still in bed for the acute mental state in which she was admitted.

No deaths have occurred in this period.

The present staff of nurses is larger than that recorded in the last entry and now stands at 61 for day and 26 for night duty, in addition to the 5 companions and the matron and deputy matron.

WOODEND HOUSE, HAYES, MIDDLESEX.

December 7th, 1936.

Since my last visit there have been no new admissions, departures or deaths. I saw the 12 certified patients and 2 voluntary patients in residence and consider the 2 latter suitable to remain on that basis.

The house and grounds were in their usual excellent order. All the patients are, I am satisfied, receiving every possible attention and are as happy as their mental condition permits.

WYKE HOUSE, ISLEWORTH, MIDDLESEX.

December 23rd, 1936.

Three voluntary patients have been admitted to the ladies' section and 1 to the gentlemen's section of the house since the last visit and 1 of those ladies was certified 3 days after reception.

These are the only changes in the numbers, and the status of each of the newly admitted patients appears to me to be proper. There are vacancies for 1 lady and 2 gentlemen.

The redecorations which were in progress during my visit last month have been completed and with admirable effect.

The rooms are furnished with both taste and comfort and are suitably warmed and ventilated.

APPENDIX D.

ENTRIES BY COMMISSIONERS AT PROVINCIAL LICENSED HOUSES.

ASHBROOK HALL, HOLLINGTON, ST. LEONARDS-ON-SEA.

November 18th, 1936.

Since my colleague's visit in March 1 certified patient has been admitted and has been discharged. There have been no other changes, so that there are now the names of five ladies on the books, all of whom are in residence and have been seen by me to-day. With the exception of 1 lady who is recovering from an attack of colitis, all the patients appeared to be in satisfactory physical health. One of them was in bed for mental reasons and is recovering from an attack of mania.

One lady goes out for drives, 1 goes out for walks unattended, and the remainder take exercise in the grounds. None attend Divine Service.

The staff consists of 3 nurses by day and 1 by night.

Mr. Somerset was out at the time of my visit. In his absence I was taken round by the nurse in charge, Miss Lindridge.

The various registers are now in accordance with the forms set out in the Mental Treatment Rules, 1930. I pointed out to Miss Lindridge that some of the entries were not quite complete and that in 1 case the entry in the clinical record of a patient was not up to date.

I endorsed the licence granted by the Justices on May 22nd, 1936.

ASHWOOD HOUSE, KINGSWINFORD.

November 16th, 1936.

Since the previous visit in February last 1 gentleman, a voluntary patient, and 5 ladies—2 voluntary and 3 certified—have been admitted. I have paid particular attention to these patients and consider those certified rightly detained. In the same period 1 lady has died from natural causes and 2 gentlemen and 1 lady have left or been transferred to other care.

There were to-day 19 ladies (2 voluntary) and 8 gentlemen (1 voluntary) in residence and I saw and spoke to each.

A great deal of attention is paid here to the occupation of patients and I was pleased to see so many of the ladies usefully employed upon fancy work and knitting.

I was very sorry to find that Dr. Pietersen had been laid up with pneumonia, but I was glad to hear that he was making a good recovery, and I was able, before the end of my visit, to see him for a few minutes in his room. I hope that he will shortly be restored to his normal health.

I endorsed the licence granted at the last Michaelmas Quarter Sessions.

BAILBROOK HOUSE, BATHEASTON, BATH.

November 16th, 1936.

Paying the second visit for the year, on behalf of my Board, to this house to-day, I found the names of 30 ladies and 7 gentlemen on the books. All were in residence with the exception of 1 lady, who is at present on leave in a nursing home.

Of the 30 ladies, 7 are on a voluntary basis, 1 is on a temporary basis, the remainder being certified. Of the gentlemen 4 are here on a voluntary basis, 1 is on a temporary basis, the remaining 2 being certified.

Since the last visit 2 patients have died from natural causes.

I found all the patients as happy and contented as their various mental states would permit. The house and grounds are in very good condition.

I am satisfied that the patients here are in receipt of excellent medical attention, including light therapy, and that definite attempts are made to stimulate the interests of all in various forms of occupational therapy.

Dr. Guirdham kindly accompanied me on my round and supplied all necessary information.

BISHOPSTONE HOUSE, BEDFORD.

December 10th, 1936.

During my visit this morning, I have met the 9 ladies now in residence, 2 of whom are on a voluntary basis and one of these 2 being a recent admission.

Several ladies were engaged in knitting and all but the very aged had some means of occupation.

The house was nicely warmed and several sitting rooms are in use. Since the last visit 1 lady of 80 years has died.

Two ladies engage the services of a special nurse each during the daytime and 1 during the night. In addition there are 3 nurses for day and 1 for night duty.

I have again signed the present licence.

BRISLINGTON HOUSE, BRISTOL.

November 12th, 1936.

There are to-day 27 gentlemen and 49 ladies resident here, 9 and 15 respectively being voluntary patients and the others certified. All have been seen with the exception of one lady who was out to lunch with a relative.

I have again observed the care that is taken to bring the advantages of modern medicine to bear on patients whose condition offers a prospect of being remediable. Of 37 admissions during 1935, 20 patients were subsequently discharged recovered.

One lady, a voluntary patient, expressed a desire to leave but did not seem to understand the procedure, which was therefore explained; her present condition, however, is not favourable to her residence away from proper care.

A private interview was granted to one gentleman. Since my visit in March, interior redecoration has been continued and the ground floor corridor on the ladies' side is at present being enamelled in white with a very hygienic-looking effect. A room in this corridor has been converted into a ladies' lavatory and a special sink for bedpans has been constructed near the w.c.'s. The provision of a similar convenience in the gentlemen's section has been postponed pending the consideration of plans for erecting a verandah ward on the site of the existing small court, the tall inner wall being demolished.

Ten ladies have been admitted since the last visit, 5 of whom were voluntary patients. Of 13 admissions to the gentlemen's side, 1 was certified, another was temporary and the remaining 11 voluntary.

One lady of 73 years and a gentleman of 76 have died from natural causes.

Two of the 10 male nurses are certificated and 4 of the 34 female nurses, of whom 5 are employed in the gentlemen's section.

Dr. Fox and Dr. Rutherford accompanied me during my visit. I endorsed the recently renewed licence.

COURT HALL, KENTON, EXETER.

December 24th, 1936.

In residence here are 8 ladies—1 on a voluntary basis and 7 under certificate.

They were all in at the time of my visit and obviously in receipt of kindly supervision and every care.

The house was in its usual excellent order and the rooms comfortably warm on a cold, wet day.

The nursing staff consists of 7 day nurses and 2 night nurses.

FIDDINGTON HOUSE, MARKET LAVINGTON.

July 30th, 1936.

During my visit to-day I saw and spoke to all the ladies and gentlemen in residence with the exception of 3 who were out on parole for part of the day.

There are in residence to-day 8 gentlemen (4 under certificates, 1 temporary and 3 voluntary) and 17 ladies (15 under certificates and 2 voluntary), a total of 25.

Since the previous visit 1 gentleman has been admitted under certificate, and 1 gentleman who was here as a voluntary patient has left. One lady under certificates has been transferred to the Old Manor; 1 lady, a voluntary patient, has died; and another has gone home.

One lady is in bed. She is a voluntary case and 89 years of age.

The nursing staff consists of 5 day nurses, 2 day male nurses, and 1 night nurse.

The house is in good order. The majority of the patients were out in the grounds, which are beautifully kept and very charming. The patients are contented and I received no complaints, except as regards detention.

I should like to express my appreciation of the kindness of Mrs. Benson, who, in the absence of Dr. Gerald Benson, showed me round the house and grounds.

GLENDOSSILL, HENLEY IN ARDEN.

October 28th, 1936.

I have to-day paid the second visit of the year on behalf of my Board, and have seen all the patients in residence and on the books—9 gentlemen, 28 ladies.

One gentleman and 5 ladies are here on a voluntary footing; there are no temporary patients at the moment.

Since the last visit 4 gentlemen, 12 ladies have been received; 1 gentleman, 4 ladies have left or been discharged; 3 gentlemen, 2 ladies have died from natural causes.

Four ladies were in bed to-day, 3 for physical reasons and the other newly admitted.

I spoke to every patient, none of whom had any complaints, 1 lady in bed expressed her appreciation of all that was being done for her comfort.

A considerable amount of redecoration has been undertaken in the last 7 months, the installation of electric light is completed.

The Matron is now in charge of the male side with considerable improvement in the general appearance of the gentlemen and in their accommodation, but there is still room for better organisation for clothing not in use, for which I have suggested more hanging room is required. I made certain suggestions regarding the beds of faulty patients on both sides of the house, and for temporary accommodation of foul linen pending removal. I also suggested to Dr. Agar that a urinal stall on the ground floor might cure the unpleasant condition of the gentlemen's lavatory accommodation.

The day being very cold emphasized the lack of heating in bedrooms which had open fires. I discussed this with Dr. Agar in connection with central heating, but evidently nothing can be done with the present heating system until the district is supplied with Birmingham water in about 2 years' time.

Both padded rooms have been painted out and hinged wire guards to windows and heating pipes supplied, allowing frequent cleaning.

The smoke doors mentioned in the last report have been made more efficient and I am told they are kept closed at night.

The female night nurse makes half-hourly rounds on the male side and has been provided with a modern checking clock.

The nursing staff remains the same, the Matron and 2 nurses are certificated; this staff is augmented by trained hospital nurses when necessary.

One gentleman has full parole, 1 gentleman and 4 ladies have garden parole, and all who are physically capable are taken for walks on most days, while 6 to 8 ladies have weekly drives.

Divine service is held each Sunday in the house attended by all the ladies and 1 or 2 gentlemen. During the winter months house entertainments are given about once a fortnight, 4 or 5 ladies go to entertainments including the cinema in the village, and 2 or 3 are allowed to go to the Memorial Theatre, Stratford-on-Avon.

THE GRANGE, KIMBERWORTH, ROTHERHAM.

August 19th, 1936.

Since the visit of my colleague on May 16th last, 2 voluntary and 1 certified patients have been admitted, 2 voluntary and 1 certified patients have been discharged, and there have been 2 deaths.

To-day there are in residence 16 patients, 3 of whom are voluntary patients. The remainder are detained under certificate.

I saw and spoke to all the ladies in residence, and found them all as well and contented as their mental condition allowed.

Throughout the house there is a most pleasant and homely atmosphere, and it was evident to me that the patients here are in receipt of most kindly care and attention.

The house and beautiful grounds are in excellent order.

To Dr. Mould, who accompanied me during my visit and gave me every information, I should like to express my thanks.

GRETA BANK, BURTON-IN-LONSDALE.

November 18th, 1936.

Since the Commissioner's last visit there has been no change among the ladies in residence, 3 of whom are voluntary patients and 4 of whom are under certificates. I saw and spoke to each of them. They appeared as well as their mental condition would allow and I am satisfied from what some of them told me and from what I observed, that they are well cared for.

Two ladies at present have parole beyond the grounds; they both attend church.

There is at present 1 nurse only available for duty besides the Matron, the head nurse having left recently. A new one will be engaged as soon as possible.

THE GROVE, CATTON, NORWICH.

November 5th, 1936.

There are to-day the names of 17 ladies on the books, all of whom I have seen and spoken to. I found them living under very comfortable conditions and in receipt of excellent care and nursing attention. Four of them were in bed; 2 on account of old age and 2 for minor ailments. Four ladies are here on a voluntary basis.

Since the last visit 1 patient has been admitted under certificate. One has been transferred elsewhere, and 1 has been discharged. Three voluntary patients have been admitted and 3 have left.

Owing to the wet weather all the patients were indoors to-day. The majority of them were occupied in some form of needlework. They were

looking forward to a firework display that is being given in the grounds to-night.

I found the house in its usual excellent order.

I endorsed the licence which was granted at the October Sessions.

THE GROVE HOUSE, CHURCH STRETTON, SHROPSHIRE.

September 8th, 1936.

There were to-day 26 patients in residence, of these 3 were voluntary, 1 was temporary and 22 were certified patients.

We saw and spoke to each of the ladies, paying particular attention to all recent admissions.

We consider those under certificates rightly detained.

Since last visit 1 voluntary patient was admitted, left, and has since returned, 2 temporary patients, 1 of whom has since been discharged, and 4 certified patients have also been admitted.

Two certified patients have been discharged and 2 voluntary patients have been regraded and are now certified.

We found all the ladies in comfortable surroundings, and in receipt of all due care and nursing attention. As the day was somewhat chilly numerous fires were burning.

The nursing staff consists of 2 charge and 9 ordinary nurses, and 2 nurses on night duty.

We endorsed the licence which was renewed at the Salop Quarter Sessions in July last.

HAYDOCK LODGE, NEWTON LE WILLOWS.

November 16th, 1936.

Visiting this house to-day, we found on the books the names of 135 patients in residence, of whom 32 are on a voluntary basis (18 male and 14 female), 1 lady is a temporary patient, and 102 (56 ladies and 46 gentlemen) are under certificate.

Since the beginning of the year, 31 patients have been discharged, of whom 7 had recovered, and 1 was transferred elsewhere; 38 have been admitted, of whom 4 were transferred from other homes. Deaths during the same period totalled 13, of whom 6 were of gentlemen and the remainder of ladies.

We saw all the patients in residence and paid particular attention to the temporary and voluntary classes. We gave in one instance a private interview. We were satisfied that they were receiving kindly and considerate attention at competent hands, and have ample facilities for recreation.

Some extensive structural repairs have been effected where a main wall of the west wing of the female hospital showed evidence of being affected by subsidence. The sanitary annexe of the same wing has been completed. On the male side re-decoration of bathrooms is to be effected, where needed.

Gardening for the gentlemen is one of the main occupations of note in this house. We think that the experiment might be adopted of organizing an indoor occupation-class under the direction of a trained instructress.

The nursing staff numbers 48, of whom 8 are on duty by night and 33 by day.

Doctor Wootton was unfortunately absent at the time of our visit, but Doctor Cross and Doctor Costello kindly accompanied us throughout.

HEIGHAM HALL, NORWICH.

October 13th, 1936.

Forty-five ladies and 18 gentlemen are at present in residence and 3 ladies are away on trial. One lady was out this afternoon, whom I did not see. A small proportion of the patients was being nursed in bed mainly on account of their frail physique or advanced age and a very small number on account of recent mental excitement. Their nursing and care are adequate and the number of nurses for duty by day is 9 men and 14 women and by night 2 and 1 respectively. The attire of the patients who are up and about was particularly tidy and many were taking out-door exercise while others were engaged in various forms of needlework.

Since the last visit nearly 6 months ago, 1 gentleman and 2 ladies have died, the latter were both over 70 years of age; all 3 deaths were due to natural causes. There have been no serious injuries or zymotic diseases. The admissions are shown below according to their status.

					Males.	Females.	Total.
Voluntary	...	...	...	...	11	15	26
Temporary	...	...	...	...	1	—	1
Certified	...	...	...	...	3	8	11

Of the above patients who remain here at present all are suitable for the status in which I find them to-day.

A private interview has been given to one lady who requested it.

The rooms are nicely furnished and very well kept and were comfortably warm and at the same time effectively ventilated, and the modern sanitary fittings with white tiles and white enamel paint present a very hygienic appearance.

The licence which has been renewed by the Justices is still in their possession. The grounds have been much improved by the recent laying down of pea gravel and tar.

Dr. Small has the part-time assistance of Dr. McLeman.

KINGSDOWN HOUSE, BOX, WILTS.

November 16th, 1936.

Visiting here to-day I found 19 ladies in residence, of these 3 are on a voluntary basis and the remaining 16 are certified. I spoke to all and found them comfortably housed and contented.

Since the last visit 3 ladies have died—all from natural causes.

A fair amount of re-decoration has been carried out recently and to-day the house was in good order generally.

The nursing staff is the same as on the occasion of the previous visit.

Dr. MacBryan is away on holiday and in his absence Dr. Eggleston accompanied me round and supplied all necessary information.

LAVERSTOCK HOUSE, SALISBURY.

July 6th, 1936.

At my visit to-day there were in residence 70 patients in all, 41 ladies and 29 gentlemen. With the exception of 1 lady and 3 gentlemen who were out, I saw and spoke with all of them, and 1 gentleman was given a private interview. Except on the score of detention I received no complaints of

any kind, and indeed I was most favourably impressed at this, my first visit to Laverstock House, by the prevailing atmosphere of contentment and comfort. Many of the patients were enjoying the beautiful grounds, and all looked in very good health.

Since last visit 9 voluntary patients (7 ladies and 2 gentlemen) have left, and 1 certified patient (a lady) and 12 voluntary patients (6 of either sex) have been admitted. One gentleman admitted as a voluntary patient has since been certified. One lady died on May 12th last from natural causes.

Dr. Benson accompanied me throughout my visit, and I am indebted to him for the assistance he so readily gave me.

LITTLETON HALL, BRENTWOOD.

November 5th, 1936.

At our visit to-day we found 23 ladies in residence. Of these 6 were voluntary, 1 temporary, and 16 certified.

There have been no certified admissions since the last visit, but 4 of the voluntary patients as well as the temporary patient are recent admissions, and we paid particular attention to them.

All the ladies in bed were receiving careful and kindly nursing attention. The house was as usual comfortable and homelike.

The nursing staff consists of 14, 4 of whom act as night nurses; there is an additional nurse for reliefs.

MALLING PLACE, KENT.

November 23rd, 1936.

I have paid the second visit of the year to this house to-day.

There are on the books the names of 34 ladies and 5 gentlemen, 7 ladies and 2 gentlemen are here on a voluntary footing, the remainder are certified patients.

During my visit I have seen and spoken to all of the patients and found them very contented. There were 5 ladies in bed, where they appeared to be comfortable and in receipt of excellent attention.

I saw a class in various kinds of handwork which was attended by 2 gentlemen and 10 ladies. Some excellent work is turned out at this class and the patients are keenly interested. A class for the more difficult ladies is held later in the day.

A great deal of decoration has been carried out and many improvements effected since I visited Malling House 4½ years ago. The accommodation is now very comfortable and the rooms are in an excellent state of repair. The patients appear to appreciate their surroundings.

Since the last visit only 1 patient has been admitted under certificate. There have been no deaths. The nursing staff consists of 13 nurses and 2 instructresses in handicrafts.

MIDDLETON HALL, MIDDLETON ST. GEORGE, CO. DURHAM.

October 21st, 1936.

I have to-day paid the second visit of the year to this house and found the premises generally in excellent order. Since last visit much re-decoration has been carried out and the wards and day-rooms this morning presented a very bright and attractive appearance.

Since last visit there have been 34 direct admissions, of whom 21 were voluntary patients (10 gentlemen and 11 ladies); 1 lady was admitted as a temporary patient and the remainder—3 gentlemen and 9 ladies—were admitted under certificate.

Departures have been as follows : voluntary patients, 6 gentlemen and 11 ladies ; certified patients, 3 gentlemen and 4 ladies.

To-day there are in residence a total of 54 patients, 14 gentlemen and 40 ladies, of whom 4 gentlemen and 5 ladies are voluntary patients and the remainder are detained under certificate.

During the period under review there have been 8 deaths (6 gentlemen and 2 ladies), all but one of which were due to natural causes. In the remaining case, a gentleman committed suicide by hanging. A coroner's inquest was held, the verdict returned being that death was due to asphyxia by strangulation. Particulars of this case have already been reported to my Board.

I saw all the patients in residence, paying particular attention to the recently admitted cases and conversed with all those who desired to speak with me. One lady desired an interview. I received abundant evidence during my conversations of the kindly treatment which the patients at this house receive from Dr. Barkas and his nursing staff, and many patients spontaneously paid tribute to them.

Most of the gentlemen here occupy themselves in one way or another. Some of them in the gardens, while those of the ladies who are well enough make rugs and in some cases do really excellent embroidery, examples of which were shown to me. I found my visit most interesting and enjoyable and I am indebted to Dr. Barkas for his assistance.

THE MOAT HOUSE, TAMWORTH.

December 10th, 1936.

When I visited to-day there were 2 patients in residence, 1 was confined to bed at the time of my visit ; the other, more able-bodied than the former, was resting, but informed me that she was comfortable. Since the last visit of my colleague in May one patient has died.

Dr. Lowson was out when I called, but the senior nurse accompanied me. The nursing staff consists of the senior nurse, 1 day nurse and 1 night nurse.

NORTHWOODS HOUSE, WINTERBOURNE, BRISTOL.

November 11th, 1936.

Visiting this house to-day we found on the books 19 gentlemen and 25 ladies. Of the gentlemen 8 are voluntary patients, one is a temporary patient, one at the date of our visit was detained under an urgency order and the rest are under certificate. Of the ladies 4 are voluntary patients, 2 are temporary patients and the rest are under certificate, 3 ladies are absent upon trial.

There have been 6 deaths since the Commissioners' last visit. Five were due to natural causes. The 6th was due to a suicide, the circumstances of which have already been reported to the Board.

We were shown several of the articles produced by the occupation-therapy class, which impressed us as being of high standard.

On the gentlemen's side we noticed that much had been done in the way of re-decoration. Dr. Cates informed us that he has a similar programme in respect of the whole of the ladies' side, part of which has already been done.

We saw all the patients in residence. Their general health appeared to be good.

THE OLD MANOR, SALISBURY.

July 15th, 1936.

At our visit to-day there were in residence a total of 608 patients, 258 ladies and 350 gentlemen. Of these 53 ladies and 21 gentlemen are voluntary patients, 2 ladies and 1 gentleman are temporary patients, and the remainder—203 ladies and 328 gentlemen—are certified.

Twenty-seven ladies and 19 gentlemen are on leave at Hume Towers, and 2 ladies and 1 gentleman are elsewhere on leave or trial.

Since last visit there have been :—

						Voluntary.		Temporary.		Certified.	
						M.	F.	M.	F.	M.	F.
Direct admissions	...	...	...	...	...	12	16	1	1	2	15
Admitted on transfer	...	...	...	...	...	—	—	—	1	1	7
Departed or discharged...	...	...	...	...	...	13	11	1	—	—	7
Of whom had recovered	...	...	...	...	...	4	4	1	—	—	3
Transferred to other statutory care	...	...	...	...	...	—	—	—	—	—	1
Died	...	...	...	...	...	1	5	—	—	3	7

During our visit we saw, we believe, all the patients in residence, paying particular attention to recent admissions, and in our opinion all those under certificate are properly detained. We received no complaints except on the score of detention, and many ladies and gentlemen told us spontaneously how comfortable they were, and how much they appreciated all that is being done for them by the medical and nursing staffs.

Good progress continues to be made in occupational therapy, which is a feature of the régime at The Old Manor, and one of us, who had not visited here before, was particularly interested in the excellent pewter work which is being done by the patients.

There is a small shop, to which a café is attached, where patients can purchase a large selection of goods, and this we are confident is most popular and is very much appreciated.

As many as 95 gentlemen and 30 ladies enjoy parole beyond the grounds, while 63 gentlemen and 60 ladies are allowed parole in the gardens, etc.; 160 patients (80 of either sex) go for walks accompanied.

Since last visit a good verandah to ward 20 has been completed, and a good deal of repairing and decoration work is being carried out, while of the work in progress the most important is the additional accommodation being provided at Llangarran.

With regard to the staff, we are glad to know that most of the recommendations made at the visit in February last have now been carried out.

All the deaths which have occurred since last visit have been due to natural causes and the general health of the patients has been good. Most of the patients who were in bed to-day were there on account of debility, and very few for mental reasons. Those who were in bed showed every evidence of skilled and kindly medical and nursing care and attention. There has been 1 serious but not fatal casualty, 1 patient having slipped in the ward and fractured her left ulna.

The licence granted by the Justices on April 6th last was produced to us, and we endorsed it.

Dr. Martin, the medical superintendent, Dr. Carruthers and the other members of the medical staff have given us every assistance, and we should like to express our thanks to them.

HUME TOWERS, BOURNEMOUTH.

November 19th, 1936.

Visiting here to-day on behalf of the Board of Control, I made a complete tour accompanied by Miss Popham, the matron, of Hume Towers, Warren House, Leven House, The Lodge and the Cottage.

With the exception of 1 gentleman who was out for the day, all those in residence, viz., 15 gentlemen and 23 ladies, were in at the time of my visit and I spoke to each one; 5 gentlemen and 7 ladies are here on a voluntary basis, the remainder being under certificate. I gave 2 private interviews.

I found the patients well cared for in every way and for the most part cheerful and appreciative of the attention they receive.

The house was in excellent order, the rooms comfortable, well ventilated and suitably warm.

An additional fire escape has been erected from the first floor at the back of Hume Towers.

The nursing staff consist of the matron, an assistant matron, 6 male nurses (of whom 4 are certificated) and 15 female nurses. Of these nurses 3 male and 3 female are on night duty.

Dr. Weatherly visits daily.

PERITEAU HOUSE, WINCHELSEA.

July 29th, 1936.

One lady has been discharged relieved since the last visit and another has been received as a voluntary patient. These changes leave the names of 4 ladies on the books and in residence; 1 of them is voluntary. I have seen all the ladies in to-day and find them well cared for and comfortably accommodated. The house was in good order.

The licence was renewed by the local Justices in June, when the name of Evelyn E. Bright, the senior nurse, was substituted for Miss Jekyll, retired. I have signed the licence.

I was glad to see Mrs. Baird about again, though still rather feeble after her illness.

THE RETREAT, FAIRFORD, GLOS.

August 14th, 1936.

Only $2\frac{1}{2}$ months have elapsed since the last visit to The Retreat on behalf of the Board. The changes which have taken place during that time leave on the books the names of 36 patients (males 9, females 27), of whom 28 are certified, 7 are voluntary patients, and 1 is a temporary patient. I am reporting separately about her.

The windows mentioned at last visit have been completed and the single room and padded room are also finished.

I visited every part of the house occupied by patients; not only was it generally in good order, clean, and supplied with flowers, but there was a careful daintiness and freshness in domestic details such as makes an atmosphere of considerable thoughtfulness for those who cannot care for themselves.

The garden was beautifully kept, full of flowers, and appreciated by many of the patients.

The food is arranged so that meals are varied from day to day and from week to week.

No organized occupation therapy under that name is carried out but most patients were occupied, or were able to tell me of their occupations in knitting, sewing, reading, painting, music or games. Tennis, cricket, or otter-hunting are available in the district for suitable patients—at present most of those who are sufficiently well in mind to care for outside activities

are old and frail. The use of radiant heat for arthritic troubles and ultra-violet radiation for various conditions, particularly varicose ulcer, has been found effective.

I saw all the patients except 1 who was out walking and found them, so far as the mental state allowed, cheerful and evidently on good terms with those in charge of them.

Dr. King-Turner (senior) discussed with me the changes which have taken place since last visit, and Dr. King-Turner (junior) accompanied me while I visited.

It is satisfactory to be able to report on the excellent conditions here to-day.

ST. GEORGE'S RETREAT, BURGESS HILL, SUSSEX.

October 26th, 1936.

We have to-day paid the second statutory visit of the year to this house, and seen all the 75 ladies whose names are on the books, including 1 lady who is on leave in the convent infirmary.

Since the last visit 5 ladies have been admitted under certificates, while in the same category 3 have died and 1 has been discharged.

There are no temporary patients on the books, but there have been admitted 24 voluntary patients, while 17 have departed and 2 have died; 1 of the latter 2 unfortunately ended her own life, the facts of which have been duly communicated to our Board.

The patients on the books to-day are divided into 54 certified and 21 voluntary.

Throughout our visit we were accompanied by Dr. Todd, the medical officer, the mother superior and the assistant reverend mother. During this visit we were particularly impressed by the devoted nursing and care given to all the patients, all of whom appeared to be in good health and very contented.

We saw some magnificent specimens of needlework and some very beautiful rugs and mats which are in use in the house. Many pieces of furniture have been covered with tapestry which added to the already very charming surroundings.

The patients, besides executing these works, amuse themselves with reading and wireless.

There are 54 ladies who attend Divine service and 50 can be taken for drives, while at least 60 attend the various entertainments.

There were 5 patients in bed to-day, none of them for mental reasons.

The staff number 47, 5 of whom do duty at night. We have endorsed the licence granted at the East Sussex Quarter Sessions last June.

ST. AUGUSTINE'S, KEMP TOWN, BRIGHTON.

January 24th, 1936.

Visiting this branch of St. George's Retreat to-day I found 1 lady on leave from that house in residence here. She was confined to bed on account of debility, and was being carefully and sympathetically looked after by 1 of the sisters of the Order.

There are usually more patients on leave from St. George's Retreat at this house from May to September.

The house is maintained in very good order.

ST. PETER'S CONVENT, PLYMPTON HOUSE, PLYMPTON.

October 16th, 1936.

Since my last visit there have been admitted 4 voluntary patients and 3 under certificates, and 3 voluntary and 1 certified patient have been discharged leaving 15 in residence, of whom 1 is on a voluntary basis.

I paid particular attention to the newly admitted patients under certificates, and consider that they are properly detained. I saw all the patients, the majority of whom were at tea, but one was in the garden where she likes to work.

None of the ladies had any complaints, and they appeared happy and contented. They were all nicely dressed, and showed evidence of careful supervision and kindly attention.

Since my last visit a new dining-room and sitting-room have been completed; these look very nice and are comfortably furnished. The house everywhere was in excellent order, and the garden well kept, with still many flowers in bloom.

I saw some nice handicraft sewing done by the ladies, and was pleased to hear that out-door games had been started, which will benefit the patients both physically and mentally.

I was glad to hear that now 1 of the sisters is on duty at night.

SHAFTESBURY HOUSE, FORMBY.

October 16th, 1936.

We found in residence to-day 24 ladies and 10 gentlemen. Of the ladies 4 are voluntary patients, the remainder being under certificate; of the gentlemen 3 are voluntary and 7 certified patients. Since the Commissioners' last visit 3 gentlemen (2 on a voluntary basis and 1 certified) have been admitted; and 10 ladies, 5 of whom were voluntary and 5 certified patients. Thirteen ladies have been discharged. One gentleman, a voluntary patient, and 3 ladies, certified patients, have died from natural causes. There are no fresh entries in the register of mechanical restraint and seclusion.

The alterations to the lighting system recommended in the previous Commissioners' report have been effected, and a considerable amount of re-decoration has been done, more especially in the lavatories and corridors. It would be of great convenience to the nursing staff if a fixed wash-basin with hot and cold water laid on were installed in the dormitory known as the sick ward on the ladies' side.

It is creditable to the staff, especially on the ladies' side, that so many patients participate in recreational handicrafts. There is a good variety of these, and they allow much scope for the artistic tendencies of the patients. Most of the gentlemen were to-day occupied in clearing the leaves off the lawn.

Dr. Erskine kindly accompanied us throughout our visit.

SPRINGFIELD HOUSE, BEDFORD.

December 9th, 1936.

Of the 31 ladies and 17 gentlemen at present resident here, 6 of the former and 4 of the latter are voluntary and the others certified patients. Four of the ladies were in bed, 3 on account of their mental state and the fourth because of her aged and feeble condition. I saw a number of patients occupied in various forms of directed handwork and was interested to learn that an experimental start had been made, earlier in the morning, in rhythmic exercises, the response to which had been decidedly encouraging.

One lady admitted less than a month ago has made such progress that she is about to be discharged. Other admissions since the last visit are 3 gentlemen and 3 ladies as certified patients and 4 to each side on a voluntary basis. No deaths have occurred.

The house, which is now full, is in a good state of tasteful decoration and the surroundings afford a good standard of comfort. It is desirable to use mackintosh sheeting sufficiently large to allow of the ends being firmly tucked under the mattress to prevent folds occurring.

There are associated entertainments each week in addition to whist drives or games.

Private interviews have been given to one gentleman and 2 ladies.

The matron supervises the nursing on both sides, and, for the gentlemen, there are 1 head nurse and 6 assistant male nurses, 2 in all being certificated, as well as a female nurse, while on the ladies' side there are a sister and 15 nurses, 2 being certificated. There are 4 female nurses and 1 male nurse on night duty at present.

STRETTON HOUSE, CHURCH STRETTON, SALOP.

September 8th, 1936.

We have to-day paid the second visit of the year to this house and have found 22 gentlemen—voluntary 7 and certified 15—patients in residence. In addition 1 gentleman under certificate is away on long leave, giving a total of 23 on the statutory books. We have seen all the patients in residence except 2 gentlemen who were out for the afternoon. We paid particular attention to all newly admitted patients.

Since the last visit 13 voluntary patients and 1 certified patient (who has since been transferred elsewhere) have been admitted and 11 voluntary patients have left. There have been no other changes. Repairs and decorations are in progress and the house generally is comfortable and was well warmed to-day.

The possibility of some structural alterations and additions to provide for improved accommodation for voluntary patients is at present under discussion.

The nursing staff consists of the matron and 11 male nurses, 3 of whom are on night duty.

We have endorsed the licence which was renewed at the July Salop Quarter Sessions.

TICEHURST HOUSE, TICEHURST.

July 30th, 1936.

I have to-day concluded my visit to this house on behalf of my Board which I began late yesterday afternoon and have seen all the ladies and gentlemen in residence.

The changes since the last visit of my colleagues have been as follows :—

						Voluntary.		Temporary.		Certified.	
						M.	F.	M.	F.	M.	F.
Admitted	...	...	...	...	...	2	1	—	—	3	1
Left or discharged	...	...	...	...	...	1	3	—	—	1	1
Died	...	...	...	...	...	—	—	—	—	1	1

leaving the names of 89 patients on the books to-day, of whom 6 gentlemen and 5 ladies are on leave at " Westcliffe " and 3 gentlemen and 2 ladies are on leave elsewhere.

Two patients included above were discharged on recovery and the 2 deaths were due to natural causes.

One lady sustained a fracture of both bones of the right leg when she kicked a piece of furniture in an attempt to kick her nurse; the fracture is healing satisfactorily. I saw and spoke to all those resident and gave private interviews to 2 gentlemen, 1 of whom was on leave but returned for the purpose. Otherwise no complaints were made to me by any of the patients either at Ticehurst House itself or at any of the auxiliary premises within

the estate, all of which were visited with Dr. McDowall : on the other hand I received many expressions of gratitude which I am satisfied were well deserved.

Miss M. I. Tarrant, from the Occupation Therapy Centre in Tottenham Court Road, was paying her weekly visit to-day but unfortunately her class was concluded before I had returned from the outlying houses. From information supplied 7 gentlemen and 6 ladies are usefully employed and I saw some of the work which is carried on under staff supervision in the interim of Miss Tarrant's visits. Apart from these classes every facility is given for both indoor and outdoor games.

Three gentlemen and 1 lady have full parole and 9 gentlemen and 4 ladies have the freedom of the grounds. Twenty-four patients go for motor drives frequently. The various houses were in excellent decorative repair, most comfortably furnished and the standard of cleanliness reflects great credit on the nursing staff.

Those patients who were in bed—their number was not large—appeared to me to be in receipt of very careful nursing care. The nursing staff consists of 48 male and 77 female nurses of whom 7 and 19 respectively are on night duty. Six female nurses are employed with male patients.

I have signed the licence which was granted by the Justices in April.

WESTCLIFFE, ST. LEONARDS-ON-SEA.

March 17th, 1936.

There are to-day 5 patients of each sex in residence, 1 of the ladies being on a voluntary footing, the remainder being under reception orders. I have seen all with the exception of 1 gentleman, who is out for the morning. I found them all in receipt of proper care and attention, amidst very comfortable surroundings.

WYE HOUSE, BUXTON.

October 22nd, 1936.

I have to-day seen the five gentlemen and 13 ladies in residence, 1 of the former and 6 of the latter being on a voluntary footing. I received no complaint except on the ground of detention.

Two gentlemen and 5 ladies have been admitted since the last visit; 1 of each sex being certified and the remainder voluntary patients. One voluntary and 2 certified lady patients have left or been discharged—the latter on recovery—and 1 gentleman recovered and was discharged within the period of the urgency order.

Some of the ladies were usefully employed, but the majority are senile. Dr. Horton has done some refurnishing since the last visit—the new furniture adds considerably to the general appearance of both bedrooms and sitting-rooms. No doubt further efforts in this direction will be made, and when re-decorations have to be undertaken, I hope that light and cheerful colours will replace the sombre tones at present in use.

In the course of my visit, I found that insufficient attention is paid to the beds of faulty patients, with the resulting unpleasantness—this matter will have Dr. Horton's attention.

The kitchen with its ancillary premises are very well kept—every part was exceptionally clean and tidy at an early hour to-day.

APPENDIX E.

ENTRY BY COMMISSIONERS AT THE MAUDSLEY HOSPITAL.

(An institution maintained by the London County Council for the reception of voluntary patients.)

December 9th and 15th, 1936.

Owing to pressing and unforeseen circumstances, it became necessary to divide our annual visit to this hospital on behalf of our Board into two half-days. In one respect this forced division was fortuitous since it enabled us, on the second occasion, to secure an opportunity of discussing with Professor Mapother, who was suffering from influenza on the first occasion, many matters of interest relating to present and future developments at the hospital.

Embracing as it does not only the ordinary functions of a mental hospital but also many other very important aspects of psychological medicine, including undergraduate and postgraduate teaching, intensive and varied clinical and laboratory research, extensive children's and out-patients' departments, and provision of courses for training social workers and occupational therapists, the work of the hospital necessitates close and continuous attention being given to its structural and staffing needs in order to ensure development calculated to meet the changing requirements of modern conditions. Our talk with Professor Mapother and our perusal of his report on the hospital for the period January 1st, 1932, to December 31st, 1935, indicate that these matters are constantly receiving careful and intent study and leave us in no doubt that the many problems will be dealt with with broad vision and foresight.

We commenced our visit by an inspection of the new building which has very recently been completed and brought into use. These new premises have been provided partly by the re-modelling of the old out-patient hall, medical officers' quarters, rooms for female private patients and the original laboratory, and partly by the erection of a new out-patient building.

In the remodelled premises have been provided :—

(1) A well designed Lecture Hall with seating capacity for over 100.

(2) A medical library.

(3) Enlarged accommodation for the Central Pathological Laboratory, containing 14 separate laboratories in place of the original 7.

(4) Quarters for 4 medical officers.

(5) A suite of rooms for social workers.

(6) An enlarged clerk's office, hall porter's room and waiting-room.

We were very much interested in the new Out-patients' building which consists of :—

(1) A fine waiting hall, designed also to serve as a recreation hall, for which latter purpose sound film apparatus has been installed and a stage provided. We were glad to notice the general brightness and comfort of this hall and to see that the provision of illustrated papers and other distractions to while away the time of nervous patients awaiting their turn had not been lost sight of.

(2) A Registry and waiting-room for new patients.

(3) An Almoner's office where two Lady Almoners—one for adults and one for children—deal with their patients at different hours.

- (4) A large room for the senior psychiatrist on duty, with space for a class of students, and a clinical room leading off it.
- (5) A Sisters' room.
- (6) A general registry and record room and a well-designed store-room for all medical records.
- (7) Eighteen clinical rooms.
- (8) A dispensary.
- (9) A sub-canteen where teas and cigarettes can be obtained.
- (10) A small clinical research laboratory.
- (11) An operating and dental room, with a room leading from it fitted for nose, throat and ear examination.

How great had become the need for new out-patient premises may be gauged from the fact that the number of attendances at the Maudsley has increased fourfold during the past eight years. We are sure that these recent additions to the resources of the hospital; coupled with the new occupational room, gymnasium and library opened last year, will greatly improve the facilities available for treatment and lessen the difficulties of the medical and nursing staff who, in carrying out their duties, must have been greatly hampered by the congestion formerly existing.

In considering these new provisions for treatment, we wondered whether the installation of X-ray apparatus within the hospital might not be of advantage. We appreciate, of course, that such apparatus is available close at hand at King's College Hospital, but it occurred to us that there might be cases from time to time for which such an installation would prove useful.

The arrangements for physiotherapy have been much improved in the last two years by the addition of the gymnasium and an adjoining room fitted for massage and electro-therapy. This department is in charge of two masseuses who also undertake the physical training for the women patients. We were informed that about two-thirds of the resident population are dealt with in this latter respect by means of three classes for each sex daily of half-an-hour's duration. The classes for men are conducted by the male occupational officer. We were glad to hear that costumes are provided and that results appear to show that the patients derive considerable benefit from these activities.

The new library, which is also open as a reading and writing room to suitable patients, looked very comfortable and seemed to be well stocked with readable books. Although, according to our information, there is no special fund for the purchase of books, the variety available seemed satisfactory: literature on technical subjects is procurable on request.

The facilities for the recreations of patients have also been much enhanced by the recent extension, which has rendered available an improved billiard-room for patients and staff, and excellent accommodation in the new out-patients' hall for the weekly dances, etc. The installation of sound film apparatus in that hall will no doubt be much appreciated by all. We are pleased to hear that the purchase of a plot of land adjoining the hospital grounds, behind the garden villa, for the purpose of a sports ground for the boys and men, is under consideration.

Aided by the increased capacity of its new quarters, occupational treatment is making good progress and courses for students and classes for nurses continue to be held. In April, 1936, a male occupational officer was appointed who takes classes in carpentry, etc., for male patients. At present these classes are held in the artisans' workshops; but, when the second extension to the hospital is completed, it is hoped that it will be found possible to reserve that workshop entirely for the use of patients.

Tenders have been invited for the work comprising the second instalment of the extensions to the hospital which include the new children's unit and a villa for private patients. An interesting feature in both these new buildings

is the provision of roof gardens. In the case of the private patients, a separate roof garden will be provided for each sex to be used by the more agitated patients who will occupy the rooms in the second storey, thus leaving the ordinary gardens for the use of the quieter cases occupying the first floor and the patients on the ground floor who may need rest in bed in their rooms or verandah treatment. One third of the roof garden at the children's unit (120 ft. long) will be enclosed by a glazed roof and sides so as to enable it to be used in all weathers. It is hoped that this second extension will be completed in 1938.

Professor Mapother considers that the connection established with the observation unit at the Constance Road Institution, which he visits twice weekly as consultant, is proving of considerable value, especially in providing experience of classes of cases which might otherwise not be available for either undergraduate or postgraduate training in psychiatry. He told us that it was hoped to make attendance at the bi-weekly consultant clinics at Constance Road available to all members of the D.P.M. class. When discussing this latter question with him it struck us that such attendance might afford a useful opportunity for instructing the class in the elements of certification and the writing of certificates. We were interested to hear that arrangements had been made for all patients upon discharge from the Maudsley, for whom their friends had to make arrangements for further institutional care, to be sent to St. John's Hospital, Wandsworth. The majority of them were, we believe, formerly sent to Constance Road, a practice which, it was felt, had become undesirable in view of the contact now established between that institution and the Maudsley.

The hospital plays an important part in the courses instituted by the London School of Economics for training psychiatric social workers, arrangements having been made whereby the students receive the practical part of their training in connection with adult psychiatry here. Dr. Aubrey Lewis acts as tutor to these students in this practical work and as lecturer to them in psychiatry at the London School of Economics. Experience in the hospital itself has indicated the immense advantages obtainable from the co-operation of the social worker in the treatment of patients and the number of these workers now on the staff has recently been increased to six, inclusive of one who is responsible for the work at the North London out-patient clinics. The recent extension for the hospital has enabled suitable centralized accommodation to be allotted to the social workers.

A possible further development of the Maudsley to which there is an allusion in Professor Mapother's report is the provision of a neuro-psychiatric unit intended especially for research and teaching in organic neurology and in the problems of psychiatry which such cases present. The importance of the proposal is unquestionable, and there can be no doubt that facilities for studies in psychological medicine cannot be regarded as complete without an adequate field of neurology.

At our visit to the wards—including the Garden Villa and the Pantia Ralli Ward (the lease of the latter of which we were very glad to hear had been renewed for a period of two years from July, 1936)—we found the patients in receipt of every attention, medical and other, and grateful for the efforts which were being made by the staff for their recovery. The number of patients in residence on the second half-day of our visit was 235, in the proportion of 98 men to 137 women.

It is difficult within the reasonable limits of an entry such as this to do justice to the many medical matters and their developments to which our attention was drawn. There are, however, two matters to which we should like briefly to allude.

One of these matters is the projected re-organization of the medical staff, to part of which effect already has been given and part of which remains for development. Already some division of the work of deputising for the superintendent has taken place:—Thus, the deputy superintendent, Dr. Tennent, supervises the administrative routine both in the wards and in the

out-patients' rooms, is in charge of the initial consultation out-patient work, twice a week, and has special responsibility for the private patients; he also shares with the superintendent in teaching and clinical work at King's College Hospital, to which he has just been appointed as assistant physician in psychological medicine. Under him are two second assistants, each of whom is in charge of a group of workers in which is an assistant medical officer and clinical assistants. Secondly, a post of clinical director has been created, to which Dr. Aubrey J. Lewis has been appointed; under him again are two assistants and two groups of workers almost identical in composition with that just outlined, including by this arrangement, a "unit" comparable to that which exists at a number of teaching hospitals, and which concerns itself specially with clinical research and teaching, though it of course is not intended to confine these highly important duties to the unit. Other than those in this unit the rest of the beds are grouped under so-called "firms," the name which has been adopted in many general hospitals to signify a group of doctors related to each other partly according to seniority and status, and at least the head of which should be a part-time officer. For future development, Professor Mapother visualizes 6 groups: one which will include the medical superintendent, another the "unit," two "firms," a fifth for work on children; and, while all should be responsible for seeing new out-patients, a sixth group would be concerned specially with continued out-patient treatment. So far as it is within our province to express an opinion, we are glad to see in such proposals lines of development along which the legitimate aspirations of physicians specializing in mental and nervous disorders can be satisfied, for without such satisfaction treatment is bound to suffer; we are specially glad to note, too, that devotion to one particular field in psychological medicine will not be permitted until after an all-round training in this branch of medicine as a whole. We are inclined to believe, not altogether a new belief, that even in relation to mental hospitals themselves there is room for a development which would give effect likewise in them to the principles of which these changes are an expression.

The other matter to which we would allude is the interest we derived from our visit to the laboratory and to the rooms in which electrical research is being conducted. Among the several subjects of work which Professor Golla was good enough to explain to us was his highly interesting demonstration of the use of the electro-encephalogram, by which electrical pulsations from groups of nerve cells in the cortex of the brain can be observed. Starting first with work upon cerebral tumours, by observing the pulsation from the cortical area affected by their pressure and by using a method of greatly amplifying the currents, it was found that the site of the area so affected could be determined with accuracy. The work is now being extended to cases of epilepsy, using cases both from the mental hospitals and a neurological hospital: as a result, it seems possible to determine abnormal areas of the cortex from which the fits start. It needs but little imagination to realize the important nature of this work and the possibilities which it opens up.

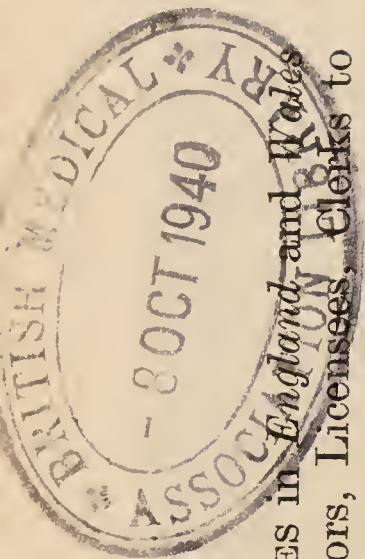
In concluding our entry, we should like to place on record the fact that, at a meeting last month of the Senate of the University of London, the title of Professor of Pathology of Mental Diseases was conferred upon Dr. Golla and that of Professor of Psychiatry upon Dr. Mapother in respect of the posts held by them at the Maudsley Hospital. In offering them our congratulations we see in this action of the Senate a recognition both of the work done at this hospital and of the latter's status as a teaching unit of the University.

APPENDIX F.

COUNTY AND BOROUGH MENTAL HOSPITALS, REGISTERED HOSPITALS, and LICENSED HOUSES in England and Wales with the Names of the Medical Superintendents, and Clerks to Committees of Visitors, Licensees, Clerks to Visitors, and Medical Visitors, of Licensed Houses (Corrected to October, 1937).

COUNTY AND BOROUGH MENTAL HOSPITALS.

COUNTIES, UNITED COUNTIES, AND BOROUGH.	WHERE SITUATE.	MEDICAL SUPERINTENDENTS.	CLERKS TO COMMITTEES OF VISITORS.
Beds, Herts, and Hunts Berks, Reading C.B., Newbury B., and New Windsor B. Brecon, Radnor, and Montgomery Bucks Cams, Isle of Ely, and Cambridge B. Carmarthen, Cardigan and Pembroke	Arlesey, Beds Moulsford, Wallingford Talgarth, Breconshire Stone, Aylesbury Fulbourn, Cambridge Carmarthen Upton, Chester Parkside, Macclesfield Bodmin Carlisle Denbigh Mickleover, Derby Exminster Dorchester Winterton, Sedgefield, Stockton-on-Tees.	N. McDiarmid, M.B., D.P.M. W. W. Read, M.D. P. Drummond, M.B. J. S. I. Skottowe, M.D., D.P.M.... H. T. Jones, M.B., D.P.M. S. Davies, M.B., D.P.M. G. H. Grills, M.D. H. D. Cormac, M.B., D.P.M. W. G. Rivers, M.B. J. T. H. Madill, M.B., F.R.F.P.S., D.P.M. F. G. Jones, M.D.... E. L. Hopkins, M.C., L.R.C.P., D.P.M. C. F. Bainbridge, M.B. P. W. P. Bedford, M.D., D.P.M. G. S. Wilson, M.B., D.P.M.	S. G. Wilkinson, St. Neots. J. T. Morland, Bath Street, Abingdon. A. J. Astbury, The Mental Hospital. G. R. Crouch, County Hall, Aylesbury. W. M. Francis, 10, Peas Hill, Cambridge. W. J. Wallis-Jones, 34, Quay Street, Carmarthen. H. Potts, 21, King Street, Chester. G. W. Wain, 43, Church Side, Macclesfield. J. C. N. Kilner, Mount Folly, Bodmin. C. W. A. Hodgson, The Courts, Carlisle. W. Barker, M.B.E., The Mental Hospital. H. W. Skinner, County Offices, St. Mary's Gate, Derby. A. J. Withycombe, The Castle, Exeter. P. H. Morton, 51, High West Street, Dorchester. J. K. Hope, Shire Hall, Durham.
Chester C., Birkenhead C.B., Stockport C.B. (part) and Wallasey C.B. " " " " " " Cornwall ... " " " " " Cumberland, Westmorland and Carlisle C.B. Denbigh, Anglesey, Caernarvon, Flint, and Merioneth C. Derby C. ... " " " " " Devon ... " " " " " Dorset ... " " " " " Durham C. and Darlington C.B. ...			



Essex and Colchester B.	...	...	Brentwood	...	W. G. Masefield, L.R.C.P., D.P.M. ...	H. H. Gepp, 66, Duke Street, Chelmsford.
"	"	...	Severalls, Colchester	...	R. C. Turnbull, M.D. ...	Ditto
Glamorgan	...	...	Bridgend	...	D. R. Owen, M.B. ...	D. J. Parry, Glamorgan County Hall, Cardiff.
Gloucester C. and Gloucester C.B.	...	C.B.	Gloucester	...	F. C. Logan, M.B. ...	C. C. Rodway, The Mental Hospital.
Hants, Bournemouth C.B. and Southampton C.B.	...	C.B. and	Knowle, Fareham	...	C. J. Thomas, L.R.C.P., D.P.M. ...	Lt.-Col. J. R. Wyatt,* O.B.E., The Mental Hospital.
"	"	"	Park Prewett, Basingstoke	...	V. L. Connolly, M.C., M.B., D.P.M.	H. Spooner,* The Mental Hospital.
Hereford C. and Hereford B.	...	...	Burghill, Hereford	...	T. E. Burrows, L.R.C.P., D.P.M. ...	E. G. Abel, The Mental Hospital.
Herts	...	...	Hill End, St. Albans	...	W. J. T. Kimber, L.R.C.P., D.P.M.	P. E. Longmore, Clerk of the Peace, Hertford.
Kent and Gravesend B.	...	...	Barming Heath, Maidstone	...	A. C. Hancock, M.C., M.B., D.P.M.	P. Bracher,† Star House, Maidstone.
"	"	...	Chartham, Canterbury	...	C. E. A. Shepherd, L.R.C.P., D.P.M.	J. G. Pembroke,† Burgate Street, Canterbury.
Lancaster C., all the County Boroughs and Stockport C.B. (part).	...	...	Lancaster Moor	...	J. D. Silverston, M.B. ...	Allan Stewart, 49, North Road, Lancaster.
"	"	"	Rainhill, Lanes.	...	E. F. Reeve, M.B. ...	T. Garner, 49, Corporation Street, St. Helens.
"	"	"	Prestwich, Manchester	...	J. Gifford, M.B., D.P.M. ...	Sir Geo. Etherton,† County Offices, Preston.
"	"	"	Whittingham, Preston	...	A. R. Grant, M.D. ...	L. Cotman, 8, Lune Street, Preston.
"	"	"	Winwick, Warrington	...	J. E. Nicole, L.M.S.S.A., D.P.M. ...	F. W. Uncles, The Mental Hospital.
Leicester C. and Rutland	...	...	Narborough, Leicester	...	K. K. Drury, M.C., M.D. ...	C. E. J. Freer, 10, New Street, Leicester.
Lincoln (Lindsey and Holland), Grimsby C.B. and Lincoln C.B.	...	...	Bracebridge, Lincoln	...	J. Macarthur, L.R.C.P., D.P.M. ...	H. E. Page, Bank Street, Lincoln.
Lincoln (Kesteven), Soke of Peterborough, and Grantham B.	...	...	Rauceby, Sleaford	...	N. K. Henderson, M.B., D.P.M., LL.B.	W. T. Phipps, County Offices, Sleaford.
London C.	...	...	Banstead Downs, Sutton	...	A. A. W. Petrie, M.D., F.R.C.P., F.R.C.S.E., D.P.M.	R. H. Curtis, Chief Officer, Mental Hospitals Dept., Shell-Mex House, Strand, W.C.2.
"	...	...	Bexley, Kent	...	Geoffrey Clarke, M.D. ...	Ditto
"	...	...	Cane Hill, Coulsdon, Surrey	...	G. A. Lilly, M.C., M.D., D.P.M. ...	Ditto
"	...	...	Claybury, Woodford	...	Guy F. Barham, M.D. ...	Ditto
"	...	...	Bridge, Woodford Green.	...	John Brander, M.D., M.R.C.P., D.P.M.	Ditto
"	...	...	Friern, New Southgate, N.11.	...		

* Clerks to the respective Committees. Clerk to the Hampshire Joint Committee: F. V. Barber, The Castle, Winchester.

† Clerks to the respective Sub-Committees. Clerk to the Kent Mental Hospitals Committee: H. J. Bracher.

‡ Also Clerk to the Lancashire Mental Hospitals Board.

COUNTY AND BOROUGH MENTAL HOSPITALS—continued.

COUNTIES, UNITED COUNTIES, AND BOROUGH.	WHERE SITUATE.	MEDICAL SUPERINTENDENTS.	CLERKS TO COMMITTEES OF VISITORS.
London C.— <i>cont.</i>	Ewell, Epsom ...	L. H. Wootton, M.C., M.B., D.P.M.	R. H. Curtis, Chief Officer, Mental Hospitals Dept., Shell-Mex House, Strand, W.C.2— <i>cont.</i>
"	Southall, Middlesex ...	J. B. S. Lewis, M.D., D.P.M.	Ditto
"	Horton, Epsom ...	W. D. Nicol, M.B., M.R.C.P., D.P.M.	Ditto
"	Long Grove, Epsom ...	F. G. L. Barnes, M.B., D.P.M.	Ditto
"	West Park, Epsom ...	N. Roberts, O.B.E., M.D., D.P.M.	Ditto
Middlesex	Springfield, Beechcroft Road, Tooting, S.W.17.	Reginald Worth, O.B.E., M.B.	H. S. Freeman, § Clarence Street, Staines.
"	Napsbury, St. Albans ...	A. O'Neill, O.B.E., L.R.C.P.	C. W. Radcliffe, § Guildhall, Westminster, S.W.1
"	Shenley, St. Albans ...	G. W. Shore, O.B.E., M.D., D.P.M.	Ditto
Monmouth	Abergavenny ...	N. R. Phillips, M.D.	A. F. T. Stewart, The Mental Hospital.
Norfolk	Thorpe, Norwich ...	O. G. Connell, M.C., L.R.C.P.	J. Middleton, M.B.E., The Mental Hospital.
Northampton C.	Berrywood, Northampton ...	E. D. T. Hayes, M.D., D.P.M.	A. H. James, The Mental Hospital.
Northumberland and C.B.	Cottingham, Morpeth ...	G. R. East, M.D. ...	Henry D. Irwin, 10, Ellison Place, Newcastle- upon-Tyne.
Notts C.	Radcliffe-on-Trent, Not- tingham.	H. C. Waldo, L.R.C.P.	A. V. Simpson, The Mental Hospital.
Oxford C. and Oxford C.B.	Littlemore, Oxford ...	R. W. Armstrong, M.D., D.P.M.	F. G. Scott, County Hall, Oxford.
Salop, Shrewsbury B., and Wenlock B.	Bicton, Shrewsbury ...	W. S. Hughes, M.B.	W. L. Edge, Shirehall, Shrewsbury.
Somerset and Bath C.B.	Wells ...	J. McGarvey, M.B., D.P.M.	J. H. Coates,* The Mental Hospital.
"	Cotford, Norton Fitz- warren, Taunton.	W. S. Graham, M.B.	A. W. Caley,* The Mental Hospital.
Stafford C., and all the County Boroughs.	Stafford ...	B. H. Shaw, M.D.	H. L. Underwood, † County Buildings, Stafford.
"	Burntwood, Lichfield ...	W. Reid, M.B.	Ditto
"	Cheddleton, Leek ...	W. D. Wilkins, M.B.	Ditto
Suffolk (East and West)	Melton, Woodbridge ...	W. B. Keith, M.C., M.D.	C. Oakes, County Hall, Ipswich.
Surrey and Guildford B.	Brookwood, Woking ...	James A. Lowry, M.D.	D. Aukland, County Hall, Kingston-on- Thames.
Surrey	Netherne, Coulsdon, Surrey	L. M. Webber, L.R.C.P., D.P.M.	Ditto
Sussex (East)	Hellingly, Hailsham, Sussex.	B. Reid, M.D., M.R.C.P., D.P.M.	Harold M. Blaker, 211, High Street, Lewes.

Sussex (West)	...	...	Chichester...	C. G. Ainsworth, M.B., LL.B.	...	G. H. B. Peters, 9, West Pallant, Chichester.
Warwick C., Coventry C.B., and Warwick B.	...	...	Hatton, Warwick	D. N. Parfitt, M.D., D.P.M....	...	H. W. Blenkinsop, 1, New Street, Warwick.
Wight, Isle of	...	...	Whitecroft, Newport, I. of W.	C. W. S. Davies-Jones, M.B.	...	R. S. Curry, The Mental Hospital.
Wilts	...	...	Devizes ...	J. W. Leech, M.D., D.P.M.	...	G. W. Jackson, Devizes.
Worcester C., Dudley C.B. and Worcester C.B.	...	...	Powick, Worcester	H. F. Fenton, M.B.	...	J. L. Wood, Bank Buildings, Cross, Worcester.
Worcester C.	...	...	Barnsley Hall, near Broms-grove.	A. Shepherd, M.B., D.P.M.	...	C. H. Bird, Shirehall, Worcester
York, E. Riding	...	...	Beverley ...	T. M. Davie, M.C., M.D., D.P.M.	...	Sir Godfrey Macdonald, Bt., County Hall, Beverley.
"	...	...	Clifton, York	J. I. Russell, M.B., F.R.F.P.S., D.P.M.	...	Major H. H. Dryland, M.B.E., The Mental Hospital.
"	...	...	Menston, Leeds	R. C. Walker, M.D.	...	} G. L. Banner, A.S.A.A., Clerk to W.R. Mental Hospitals Board, Victoria Chambers, Wood Street, Wakefield.
W. Riding, and (except for Scalebor Park) Barnsley, Bradford, Dewsbury, Doncaster, Halifax, Huddersfield, Rotherham, Leeds, Sheffield and Wakefield C.B.	...	...	Wadley, Sheffield	A. Pool, M.B., M.R.C.P., D.P.M.	...	
	...	...	Wakefield	M. J. McGrath, M.B., D.P.M.	...	
	...	...	Storches Hall, Kirkburton, Huddersfield.	C. W. Ewing, L.R.C.P., D.P.M.	...	
	...	...	||Scalebor Park, Burley-in-Wharfedale.	J. R. Gilmour, M.B., F.R.C.P.E.	...	Sir Charles McGrath, County Hall, Wakefield.
BOROUGH.						
Birmingham	...	...	Winson Green, Birmingham	C. W. Forsyth, M.D.	...	F. H. C. Wiltshire, Council House, Birmingham.
"	...	...	Rubery Hill, near Birmingham ham.	T. C. Graves, M.D., F.R.C.S.†	...	Ditto
Brighton	...	...	Haywards Heath, Sussex	G. H. Harper-Smith, M.D.	...	Jas. H. Rothwell, C.B.E., Town Hall, Brighton.
Bristol	...	...	Fishponds, Bristol	J. J. B. Martin, M.D., F.R.C.P., D.P.M.	...	J. Green, The Council House, Bristol.
Canterbury	...	...	St. Martin's Hill, Canterbury.	F. L. Scott, L.R.C.P., D.P.M.	...	G. W. Marks, Town Hall, Canterbury.
Cardiff	...	...	Whitechurch, Glamorgan...	T. J. Hennelly, M.D., D.P.M.	...	D. K. Rees, The City Hall, Cardiff.

* Clerks to the respective Sub-Committees. Clerk to Somerset and Bath Mental Hospitals Committee: A. W. Caley.

† Also Clerk to the Staffordshire Mental Hospitals Board.

‡ Also Medical Director of the Birmingham Mental Hospital, which comprises Winson Green Division and Rubery Hill with Hollymoor Division.

§ Clerks to the respective Sub-Committees. Clerk to the Middlesex Mental Hospitals Committee: H. S. Freeman.

|| For private patients only.

COUNTY AND BOROUGH MENTAL HOSPITALS—*continued.*

COUNTIES, UNITED COUNTIES, AND BOROUGH.	WHERE SITUATE.	MEDICAL SUPERINTENDENTS.	CLERKS TO COMMITTEES OF VISITORS.
Croydon	Warlingham, Whyteleafe, Surrey.	T. P. Rees, M.D., M.R.C.P., D.P.M....	E. Taberner, Town Hall, Croydon.
Derby	Rowditch, Derby	John Bain, M.B. ...	G. T. Lee, Town Hall, Derby.
East Ham and Southend-on-Sea...	Runwell, Wickford, Essex	R. Ström-Olsen, M.D., D.P.M. ...	H. J. Worwood, Town Hall, Southend-on-Sea.
Exeter	Digbys, Topsham	D. McK. Reid, M.D., F.R.F.P.S. ...	C. J. Newman, Town Clerk's Office, Exeter.
Gateshead	Stannington, Newcastle- upon-Tyne.	C. B. Bamford, M.D., M.R.C.P., D.P.M.	J. W. Porter, Town Hall, Gateshead.
Hull	De la Pole, Willerby, Hull	J. MacInnes, M.B., D.P.M. ...	A. Pickard, Guildhall, Hull.
Ipswich	Ipswich ...	P. Banbury, L.R.C.P., D.P.M. ...	A. Moffat, Town Hall, Ipswich.
Leicester	Humberstone, Leicester ...	T. W. Davidson, M.B., D.P.M. ...	H. A. Pritchard, Town Hall, Leicester.
London (City of)	Stone, Dartford	W. Robinson, M.D., D.P.M. ...	L. T. Feldon, 5, Church Passage, Guildhall, E.C.2.
Middlesbrough	Cleveland, Middlesbrough	H. G. Drake-Brockman, L.R.C.P. ...	Preston Kitchen, Town Clerk's Office, Middles- brough.
Newcastle-upon-Tyne	Gosforth, Newcastle-upon- Tyne.	H. D. MacPhail, O.B.E., M.D. ...	Town Clerk's Office, Newcastle-upon-Tyne, 1.
Newport	Caerleon, Mon. ...	M. R. Mackay, M.C., M.B. ...	O. T. Morgan, Town Clerk's Office, Newport, Mon.
Norwich	Hellesdon, Norwich	C. R. F. Hall, L.R.C.P. ...	Noel B. Rudd, Guildhall, Norwich.
Nottingham	Mapperley Hill, Notting- ham.	G. Ll. Brunton, M.D. ...	J. E. Richards, Guildhall, Nottingham.
Plymouth	Blackadon, Ivybridge	E. G. T. Poynder, L.R.C.P., D.P.M.	C. Campbell, Town Clerk's Office, Plymouth.
Portsmouth	Milton, Portsmouth	T. Beaton, O.B.E., M.D., F.R.C.P. ...	F. J. Sparks, Guildhall, Portsmouth.
Sunderland	Ryhope, Co. Durham	M. A. Archdale, M.B., D.P.M.	G. S. McIntire, L.L.B., Town Hall, Sunderland.
Swansea	Cefn Coed, Swansea	N. Moulson, M.D., D.P.M. ...	H. L. Lang-Coath, The Guildhall, Swansea.
West Ham	Goodmayes, Ilford, Essex	J. H. Cuthbert, M.B., D.P.M. ...	C. E. Cranfield, Town Hall, West Ham, E.15.
York	Fulford, York	R. A. Hooper, M.B. ...	R. Anderson, Guildhall, York.

HOSPITALS.

COUNTY.	REGISTERED HOSPITALS.	MEDICAL SUPERINTENDENTS.
Chester	Manchester Royal Hospital, Cheadle.	J. A. C. Roy, M.B.
Devon	Wonford House, Exeter ...	H. W. Eddison, M.D., D.P.M.
Gloucester	Barnwood House, Gloucester...	G. W. T. H. Fleming, L.R.C.P., D.P.M.
Kent	*Bethlem Royal Hospital, Eden Park, Beckenham.	J. G. Porter Phillips, M.D., F.R.C.P.
Lincoln	The Lawn, Lincoln	Myra Mackenzie, M.B.
Norfolk	Bethel Hospital, Norwich ...	S. J. Fielding, M.B.
Northampton	St. Andrew's Hospital, Northampton.	
Notts	The Coppice, Nottingham ...	D. Hunter, M.B.
Oxford	The Warneford, Headington Hill, Oxford.	A. W. Neill, M.D.
Stafford	Coton Hill Hospital, Stafford ...	R. Macdonald, O.B.E., M.D., D.P.M.
Surrey	Holloway Sanatorium, St. Ann's Heath, Virginia Water.	H. Devine, O.B.E., M.D., F.R.C.P.
York City (N.R.) ...	Bootham Park, York ...	D. Robertson, M.D., D.P.M.
„ „ (E.R.) ...	The Retreat, York	Neil Macleod, M.D., D.P.M.

NAVAL AND MILITARY HOSPITALS

Hants	Royal Military Hospital, Netley, Southampton.	Lt.-Col. H. Gall, L.R.C.P.
Norfolk	Royal Naval Hospital, Gt. Yarmouth.	Surgeon-Capt. C. M. R. Thatcher, R.N., M.B.

CRIMINAL ASYLUM

Berks	State Criminal Asylum, Broadmoor, Crowthorne.	H. P. Foulerton, L.R.C.P., D.P.H.
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* Registered for 109 males and 141 females.

METROPOLITAN LICENSED HOUSES.

HOUSES.		Number of Patients for which Licensed.			TO WHOM LICENSED.
		M.	F.	Total.	
For both Sexes	...	*†Camberwell House, Peckham Road...	...	...	Colonel R. H. W. Cardiff, Captain J. A. E. Drury-Lowe, and H. J. Norman, M.B., D.P.H.
Camberwell, S.E.5	...	*†Brooke House	...	...	Miss E. D. Monro, E. E. Rollins, M.B., and Mrs. E. E. Holmes.
Clapton, Upper, E.5	...	*†Northumberland House	...	...	A. H. Stocker, H. G. Stocker and F. Dillon, M.D.
Finsbury Park, N.4	...	*Hayes Park	...	...	J. S. Lloyd, F.R.C.S.E., and Mrs. M. L. Lloyd, M.B.
Hayes, Uxbridge	...	*†Moorcroft House (and Laurel Lodge)	...	...	R. J. Stilwell, L.R.C.P., and G. W. B. James, M.C., M.D. D.P.M.
Hillingdon, Uxbridge	...	*†Wyke House	...	...	G. W. Smith, O.B.E., M.B., and Mrs. S. R. M. Smith, M.B.
Isleworth	...	*†Peckham House	...	...	A. H. Stocker, H. G. Stocker, and F. R. King, L.R.C.P.
Peckham, S.E.15	...	*†Chiswick House	...	...	J. L. Phibbs, M.D., D. I. O. Macaulay, M.D., D.P.M., and Miss C. M. Niven.
Pinner, Middlesex	...	*†The Priory	...	...	G. B. Postlethwaite, J. Chambers, M.B., and B. W. Brown, M.B., D.P.M.
Roehampton, S.W.15	...	*†Halliford House	...	...	Lt.-Col. H. Dickenson, N. Dickenson, W. J. H. Haslett, L.R.C.P., and Mrs. Jane Williams.
Shepperton	...				

Tooting Common, S.W.17	*†Newlands House, Tooting Bec Road	Not more than 21 | 22 | 28	J. N. Sergeant, M.B., Miss M. F. Simms-Reeve, Miss E. Reid, and Mrs. T. I. M. Garnham.
Males only Beckenham Lane, Catford, S.E.6.	†The Flower House ...	32 | — | 32	T. Waterhouse, M.B., Mrs. Enid a'Beckett, B. S. Cave-Chinn, and C. R. Menzies.
Females only Clapham Park, S.W.4 ...	*Clarence Lodge, Clarence Road ...	— | 12 | q. 12	J. A. Thwaites, Miss L. E. Thwaites, Miss L. M. Thwaites, and Mrs. L. A. Sparkes.
Staines, Middlesex ...	*Jamnagar House, Penton Road ...	— | 14 | 14	R. M. Macfarlane, M.B., D.P.M.
Hayes, Uxbridge ...	*Mead House ...	— | 14 | 14	R. J. Stilwell, L.R.C.P., J. S. Lloyd, F.R.C.S.E., and Miss S. A. Davies.
” ...	Wood End House ...	— | 19 | 19	R. J. Stilwell, L.R.C.P., Miss R. Cheek, and G. W. B. James, M.C., M.D., D.P.M.
Streatham Hill, S.W.2 ...	*Fenstanton, Christchurch Road ...	— | 30 | 30	Mrs. H. White, Miss M. R. Lockwood, L.R.C.P., D.P.M., and R. C. Humphrey.
Sydenham, S.E.26 ...	*Otto House, 44, Sydenham Hill ...	— | 30 | 30	Capt. F. H. Little, Miss T. J. Alexander, and Mrs. M. A. H. Little.
Forest Hill, S.E.23 ...	Featherstone Lodge, Eliot Bank ...	— | 10 | 10	W. L. Bailey, Mrs. V. Bailey, and Miss M. Cronin.

* Approved under Sec. 5 of the Mental Treatment Act, 1930, for the reception of Female Temporary Patients.
† Approved under Sec. 5 of the Mental Treatment Act, 1930, for the reception of Male Temporary Patients.
(a) Of whom 65 may be rate-aided patients : not more than 30 males and 45 females.
q. Limited to quiet and harmless cases.

PROVINCIAL LICENSED HOUSES.

COUNTY.	HOUSES.	TO WHOM LICENSED.	Number of Patients for which Licensed.			CLERK TO VISITORS.	MEDICAL VISITORS.
			M.	F.	T.		
Beds [Bedford Borough]	Bishopstone House, Bedford.	N. H. Linzee, L.R.C.P., D.P.H., Mrs. B. C. Linzee, Miss A. A. Barber, Miss A. George, and Miss E. M. McKay.	—	10	10	G. J. M. Whyley, Bedford.	H. M. Coombs, M.B.
Beds ...	*†Springfield House, Bedford.	Mrs. M. L. Bower, C. W. Bower, L.M.S.S.A., Mrs. M. A. E. Bower, and Miss J. W. Kerr.	Not more than 24	37	48	J. B. Graham, ditto	E. C. Sharpin, L.R.C.P.
Derby ...	*†Wye House, Buxton ...	W. W. Horton, M.D., and Miss J. M. Dickson.	22	22	44	G. G. Baily, County Offices, Derby.	W. Shipton, M.D.
Devon ...	*Court Hall, Kenton, Exeter.	Miss B. M. Mules, M.D., and Miss A. S. Mules, L.R.C.P.	—	8	8	F. A. Pearce, Exeter	L. P. Black, M.B., D.P.H.
„ ...	*St. Peter's Convent, Plympton House, Plympton.	Miss A. Keane, Miss C. Carroll, Miss K. Carroll, and Miss W. Collins.	—	44	44	R. B. Johns, Plymouth	E. L. Fox, M.D.
Durham ...	*†Middleton Hall, Middleton St. George.	R. H. O. Garbutt, L.R.C.P., T. C. Barkas, O.B.E., M.B., and J. W. Astley-Cooper, L.R.C.P.	21	44	65	G. H. Watson, Darlington.	T. Beattie, M.D., F.R.C.P.
Essex ...	*Littleton Hall, Shenfield, Brentwood.	Miss M. G. E. Wilson, H. G. L. Haynes, L.R.C.P., and Mrs. M. Haynes.	—	25	25	E. S. Holcroft, Shire Hall, Chelmsford.	R. W. Quennell, O.B.E., L.R.C.P.
Gloucester ...	*†Northwoods, Winterbourne, Bristol.	H. J. Cates, M.D., Mrs. R. Cates, J. E. Cates, and Miss R. Cates.	Not more than 35	35	50	L. M. Harris, 65, Stokes Croft, Bristol.	{ J. R. Charles, M.D., F.R.C.P. P. L. Moore, M.B.

Gloucester ...	*The Retreat, Fairford...	A. C. King-Turner, M.B., C. J. King-Turner, L.R.C.P., and Mrs. H. E. King-Turner.	—	—	(a) 50	Robert W. Ellett, Cirencester.	D. G. Cossam, M.B.
Kent ...	*†Malling Place, West Malling, Kent.	G. H. Adam, L.R.C.P., H. Gray, L.R.C.P., Mrs. Irene Adam, and Mrs. N. R. Atkinson.	18	21	(b) 39	D. B. H. Warner, Tonbridge.	{ W. M. Ramsden, M.D. Hy. A. Andrews, L.R.C.P.
Lancaster ...	*†Haydock Lodge, Newton-le-Willows.	C. T. Street, L.R.C.P., Mrs. Mabel R. Street, J. C. Wootton, M.C., L.R.C.P., and Mrs. M. Wootton.	Not more than 80	90	150	H. Hatton, Warrington	H. Langdale, M.D.
"	*Shaftesbury House, Formby, Liverpool.	Mrs. F. W. Gill, Mrs. E. M. Gill, and John W. Jones.	Not more than 10	40	40	G. W. Swift, 74, Hanover St., Liverpool.	H. Langdale, M.D.
Norfolk Norwich City]	*†Heigham Hall, Norwich.	J. A. Small, M.B., Miss E. E. Moore, A. Jenkins and Miss K. M. Sutton.	40	75	95	J. F. Betts, Norwich	H. J. Starling, M.D.
"	*The Grove, Catton Grove Road, Norwich.	Miss H. M. McLintock, J. A. McLintock, and Mrs. S. H. Steward.	—	21	21		
Shropshire ...	†Stretton House, Church Stretton.	W. S. Allan, M.B., S. T. H. Lane, and Mrs. P. Hancocks.	40	—	40	W. L. Edge, Shirehall, Shrewsbury.	H. W. Gardner, M.B.E., M.D., F.R.C.P.
"	*Grove House, All Stretton.	J. McLintock, L.R.C.P., Mrs. F. E. G. McLintock, J. A. McLintock, L.M.S.S.A., and Mrs. G. M. Lane.	—	40	40		

* Approved under Sec. 5 of the Mental Treatment Act, 1930, for the reception of Female Temporary Patients.

† Approved under Sec. 5 of the Mental Treatment Act, 1930, for the reception of Male Temporary Patients.

(a) Not more than 25 males. (b) Proportion of sexes may be varied. (c) Of whom 20 may be rate-aided patients.

(d) Of whom 25 may be rate-aided patients.

PROVINCIAL LICENSED HOUSES—continued.

COUNTY.	HOUSES.	TO WHOM LICENSED.	Number of Patients for which Licensed.			CLERK TO VISITORS.	MEDICAL VISITORS.
			M.	F.	T.		
Somerset ...	*Bailbrook House, Bath-easton.	J. R. Benson, F.R.C.S., E. M. Wright, and A. Guirldham, D.M., D.P.M.	Not more than 16	36	44	C. E. Newman, County Hall, Taunton.	R. E. Moorhead, L.R.C.P., J. R. Charles, M.D., J. Wallace, O.B.E., M.B., John Allen, M.B., and W. H. Maidlow, M.D.
" ... (Bristol City)	*†Brislington House, Bristol.	Mrs. A. Fox, J. M. Rutherford, M.B., and F. E. Fox, L.R.C.P.	44	62	106	S. Young, Petty Sessional Court House, Bristol.	Annie F. M. Cornall, F.R.C.S.I., W. H. Cory, M.R.C.S., and Colston Wintle, L.R.C.P.
Stafford ...	Ashwood House, Kings-winsford, Dudley.	Mrs. Ida S. Pietersen and C. G. Keys.	11	20	31	H. L. Underwood, County Buildings, Stafford.	C. Reid, O.B.E., M.B.
" ...	Moat House, Tamworth	W. Lowson, M.B., Mrs. M. R. Lowson and Miss H. Billings.	—	16	16	Ditto	Ditto.
Sussex, East	*†Ticehurst House, Ticehurst, Tunbridge Wells.	C. F. F. McDowall, M.D., H. A. H. Newington, D. H. Cooper, H. McMahon, and R. M. Tuke.	41	51	92	H. J. T. McIlveen, County Hall, Lewes.	J. W. McK. Nicholl, M.D.
" ...	*St. George's Retreat, Burgess Hill.	Miss Ward, Miss McEvoy, Miss A. Keane, and Miss Collins.	—	75	75	Ditto	Ditto.
" ...	Periteau House, Winchel-sea, Sussex.	H. Baird, M.D., and Miss G. Brennan.	—	5	5	Ditto	Ditto.
" [Hastings Borough]	Ashbrook Hall, Hollington	Charles E. H. Somerset and Miss J. P. Bertram.	—	q. 6	6	F. G. Langham, Palace Chambers, White Rock, Hastings.	E. M. Barker, M.B.

Warwick ...	*Glendossill, Henley - in - Arden.	W. Agar, L.R.C.P., and Mrs. Mary D. Agar.	14	33	40	A. C. Burrows, 1, New Street, Warwick.	W. R. W. Asplen, M.D.
Wilts [New Sarum City]	*†The Old Manor, Salisbury.	W. Swords, K.C., S. E. Martin, M.B., and P. W. Carruthers, M.B.	—	—	672	A. C. Jonas, Salisbury	E. T. Fison, O.B.E., M.D., F.R.C.S., and R. C. Monnington, M.D.
Wilts ...	*†Laverstock House, Salisbury.	H. Hill, M.D., G. Benson, M.D., and Miss P. Deane.	Not more than 50	Not more than 50	Not more than 70	W. L. Bown, Trowbridge	A. W. K. Straton, L.R.C.P.
„ ...	*†Fiddington House, Market Lavington, Devizes.	J. R. Benson, F.R.C.S., Mrs. May Benson, G. E. M. Benson, B.M., and Miss E. White.	Not more than 25	Not more than 25	Not more than 30	Ditto ditto	G. S. A. Waylen, L.R.C.P.
„ ...	Kingsdown House, Box	G. T. M. MacBryan and C. A. Stone, M.B.	Not more than 13	Not more than 43	Not more than 43	Ditto ditto	A. D. Hamilton, M.D.
York, W.R.	Greta Bank, Burton-in-Lonsdale, Carnforth.	Miss Sarah J. Perkin, J. C. Wootton, M.C., L.R.C.P., and C. T. Street, L.R.C.P.	10 or 10	10	10	W. H. Coles, Wakefield	L. T. Wells, L.R.C.P.
„ [Rotherham Borough]	*The Grange, Kimberworth, Rotherham.	G. E. Mould, L.R.C.P., and Mrs. B. L. Mould.	—	20	20	C. L. des Forges, Rotherham.	W. Barr, M.D.

* Approved under Sec. 5 of the Mental Treatment Act, 1930, for the reception of Female Temporary Patients.

† Approved under Sec. 5 of the Mental Treatment Act, 1930, for the reception of Male Temporary Patients.

b. Limited to quiet and harmless cases.

APPENDIX G.

INSTITUTION PROVIDED BY A LOCAL AUTHORITY FOR VOLUNTARY PATIENTS ONLY.

Name of Institution.	Address.	Medical Superintendent.	Owning Authority.
The Maudsley Hospital	Denmark Hill, London, S.E.5 ...	E. Mapother, M.D., F.R.C.S., F.R.C.P.	London County Council.

APPENDIX H.

HOSPITALS APPROVED FOR THE RECEPTION OF VOLUNTARY AND TEMPORARY PATIENTS.

Name of Hospital.	Address.	Number of Patients for which approved.			Person in Charge.
		M.	F.	T.	
Hull Royal Infirmary* St. John's Hospital	Hull. Morden Hill, Lewisham, S.E.13.	— 1	— 1	— 2	J. S. Anderson, L.R.C.P. J. C. Gilbert.

APPENDIX J.

NURSING HOMES APPROVED FOR THE RECEPTION OF VOLUNTARY AND TEMPORARY PATIENTS.

Name of Nursing Home.	Address.	Number of Patients for which approved.			Name of Proprietor.
		M.	F.	T.	
Manor House...	Riverhead, Sevenoaks.	—	4	4*	Mrs. M. L. Macartney.
Tykeford Abbey	Newport Pagnell, Bucks.	—	6	6	D. E. M. Douglas-Morris, L.M.S.S.A.
Dorset House	Clifton Down, Bristol.	—	—	30†	Miss E. Casson, M.D., D.P.M.
The Hall ...	Harrow Weald, Middlesex.	—	—	2	E. Lincoln Williams, L.R.C.P.
Boughton Hall	Chester.	—	8	8	C. J. Tisdall, M.D.
Arthington	Barton Road, Torquay.	—	—	12	Messrs. Arthington, Ltd.
42, Ashburnham Road	Bedford.	—	9	9	N. H. Linzee, L.R.C.P., D.P.H.
Eyhurst Court	Kingswood, Surrey.	27	31	35	Eyhurst Court, Ltd.
Grantbourne	Chobham, Surrey	—	—	11	C. H. Caldicott, M.B., and W. M. K. McLellan, M.B.
Kearsney Court	Kearsney, Dover.	5	5	10*	Messrs. A. H. and H. G. Stocker.
Verecroft	Sanderstead Road, Sanderstead, Surrey.	—	3	3*	A. W. A. Davies, L.R.C.P.
The Ridgeway	Wallerough, Tunbridge Wells.	—	7	7	Doctors Newington.
St. Joseph's ...	Ditchling Common, Burgess Hill, Sussex.	—	21	21*	The Sisters of St. Augustine.
Russells	Hempstead Road, Watford.	6	10	16	D. I. O. Macaulay, M.D., D.P.M.

* Voluntary only.

† Not more than 5 male patients and not more than 7 temporary patients.

APPENDIX K.

STATE AND CERTIFIED INSTITUTIONS, CERTIFIED HOUSES, and APPROVED HOMES, under the MENTAL DEFICIENCY ACT, 1913, with the names of Managers or Owners, Clerks to Visitors, and the number and Class of Patients.
(Corrected to October, 1937.)

STATE INSTITUTIONS.

COUNTY or COUNTY BOROUGH within which the Institution is situate.	Name and Address of Institution.	Names of Managers or Owners.	Name of Superintendent.	Number and Class of Defectives.
Nottingham ...	Rampton, Retford ...	The Board of Control, Metropole Buildings, Northumberland Avenue, London, W.C.2.	F. E. E. Schneider, M.D., D.P.M.	652 males and 499 females of dangerous or violent propensities.
Lancashire ...	Branch: Moss Side, Liverpool. Maghull,	Do. do. do.	C. H. G. Gostwyck, M.B., F.R.C.P., D.P.M.	147 adult males and 153 adult females of dangerous or violent propensities.

CERTIFIED INSTITUTIONS.

COUNTY or COUNTY BOROUGH within which the Institution is situate C.B. = County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
Bedfordshire ...	Bromham House, Bromham, Bedford.	Beds and Northants Joint Board (Medical Superintendent: R. G. B. Marsh, M.R.C.S., L.R.C.P., D.P.M.).	J. B. Graham, Shire Hall, Bedford.	24 high-grade adult males.
Berkshire ...	Cumnor Rise, Cumnor Hill, Oxford.	The Oxford Branch of the National Association for Promoting the Welfare of the Feeble-minded. Hon. Sec. of Branch:—Miss M. Durst, 25, Beaumont Street, Oxford.	H. J. C. Neobard, Shire Hall, Reading.	34 feeble-minded females. The age of admission is from 14 years. Epileptics and fallen women not taken.
Bucks ...	Crauford Home, Gringer Hill, Maidenhead.	Hon. Sec. of Branch:—Miss M. Durst, 25, Beaumont Street, Oxford.	Do. do.	102 adult females and 14 cot and chair cases.
Bucks ...	The Manor House, Bierton Hill, Aylesbury.	Bucks C.C. ...	H. Fisher, County Hall, Aylesbury.	99 patients.
Carmarthen ...	Pantglas Hall, Llanfynydd Road, Carmarthen.	The West Wales Joint Board for the Mentally Defective.	D. Johns, County Offices, Carmarthen.	117 females of 7 years of age and upwards.
Cheshire ...	Ashton House, 26, Village Road, Oxton, Birkenhead.	Committee of Management ... Hon. Sec.:—Mrs. Mansfield, Hinderton Hey, Neston, Cheshire.	E. W. T. Gasking, The Sessions Court, Brandon Street, Birkenhead.	64 high-grade feeble-minded girls. Admission over 14 years of age.
	Mary Dendy Home, Sandlebridge, Alderley Edge.*	Incorporated Lanes and Cheshire Society for the Permanent Care of the Feeble-minded. Sec.:—E. M. Richards, 72, Bridge Street, Manchester, 3.	G. C. Scrimgeour, St. John's House, Chester.	425 of either sex. <i>Certified by Board of Education for 115 boys and 45 girls.</i>
	Cranage Hall, Holmes Chapel.	Cheshire Joint Board ... (Medical Superintendent: E. A. Haslam-Fox, M.B., D.P.M.).	Do. do.	318 patients; 96 males and 182 females over the age of 16 years and 40 cot and chair cases of both sexes.

* Certified as a Special School by Board of Education.

CERTIFIED INSTITUTIONS—continued.

COUNTY or COUNTY BOROUGH within which the Institution is situate C.B. = County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
Cornwall ...	Convent of the Good Shepherd, St. Anne's Saltash. The Retreat, St. Columb Major.	Committee of Management ... Sec.:—Sister M. St. Dismas, Convent of the Good Shepherd. Cornwall C.C. ...	T. A. H. Sheers, County Hall, Truro. Do.	10 female adults. High or medium grade. 111. Not more than 55 employable female adults, and not more than 56 low-grade juveniles of either sex.
Cumberland ... (Carlisle C.B.)	Durran Hill House, Carlisle. Dovenby Hall Colony, Cockermouth.	Sisters of The Sacred Hearts of Jesus and Mary. Corres.: The Rev. Father Leo Prescott, St. Gregory's Church, Deepdale, Preston. Cumberland, Westmorland & Carlisle Joint Committee for the Mentally Defective.	F. G. Webster, 15, Fisher Street, Carlisle. C. W. A. Hodgson, The Courts, (Citation Chambers), Carlisle.	65 feeble-minded Roman Catholic females, aged 16 years and over. Criminals, epileptics and fallen women not accepted.
Derby ...	Aston Hall, Aston-upon-Trent.	Nottingham C.B.C. ...	G. G. Bailey, County Offices, Derby. Do.	120 males and 65 females.
" ...	Makeney House, Milford, near Derby. Whittington Hall, Chesterfield.	Derbyshire C.C. ...	Do.	330—all classes within the meaning of the M.D. Acts, 1913-1927—140 males and 190 females. 80 high-grade adult females.
(Derby C.B.) ...	Thornhill, Derby.	The Incorporation of National Institutions for Persons requiring Care and Control. Mrs. Burden, The Warden, 14, Howick Place, Victoria Street, London, S.W.1. Medical Superintendent: F. W. Furniss, M.A., M.R.C.S., L.R.C.P. Derby C.B.C....	Do. Do.	421 females.
			W. R. H. Whiston, Idridgehay, Derby.	39 females. Not more than 33 able-bodied imbeciles under 16 and not more than 6 feeble-minded adults.

Devon ... (Exeter C.B.).	The Devon and Exeter Home of the Good Shepherd, Holloway Street, Exeter; <i>with ancillary premises</i> : The Chantry, Exeter; and	Committee of Management ... Sec.:—The Head Deaconess, The Chantry, Exeter.	J. Whiteside, The Court House, Exeter.	162 feeble-minded females. 84 at Devon and Exeter Home, 21 at The Chantry, and 57 (40 cot and chair cases of either sex and 17 high or medium grade females over 16 years of age) at the Home of the Holy Innocents.
” (Plymouth C.B.)	The Home of the Holy Innocents, Franklyn, St. Thomas, Exeter. Hamp ton House, Ebrington St., Plymouth.	The Committee of the Plymouth, Devonport and Stonehouse Penitentiary and Home. Hon. Sec.:—The Rev. J. Robertson, St. Luke's Vicarage, Plymouth.	J. Bone, Guildhall, Plymouth.	20 female adults.
	Stoke Lyne, Withycombe, Exmouth.	Devon C.C. ...	F. A. Pearce, 14, Castle Street, Exeter.	47 males and 6 females.
	Western Lodge, Crediton. Box House, Axminster.	Do. do. Do. do.	Do. do. Do. do.	50 male and 56 female adults. 109 males, i.e., 100 active medium to low grade adults and 9 cot and chair cases.
	Royal Western Counties Institution, Starcross, near Exeter; * <i>with ancillary premises</i> : Elm Court, Starcross; The Hostel, 13, Dix's Field, Exeter; Langdon Farm Hostel, Dawlish; “Dunesk,” Teignmouth; and “Deerswell,” 13, Southfield Road, Paignton.	Committee of Management ... Sec. and Supt.:—Capt. C. W. Mayer, M.B.E.	Do. do.	420 males and 256 females. <i>Certified by Board of Education for 100 patients.</i>

* Certified as a Special School by Board of Education.

CERTIFIED INSTITUTIONS—continued.

COUNTY or COUNTY BOROUGH within which the Institution is situate C.B. = County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
Durham	Monkton Hall Home for Lads, Monkton, Jarrow-on-Tyne.	The Committee of the North-Eastern Association for the Care of the Feeble-Minded. Sec.:—J. Stewart, 90, Pilgrim Street, Newcastle-upon-Tyne.	G. H. Watson, Justices Clerk's Office, Darlington.	79 male feeble-minded cases. Age on admission, 16 to 20 years.
	St. Catherine's Home, Allergate.	Committee of Management Hon. Sec.:—Mrs. Blackett, 50, South Street, Durham.	Do.	8 females. Feeble-minded and moral defectives, under the age of 18 years at time of admission.
	Shotley Bridge Colony, Shotley Bridge.	Newcastle-upon-Tyne C.B.C.	Do.	473 patients.
Essex	Bigod's Hall, near Dunmow.*	Sisters of The Sacred Hearts of Jesus and Mary. Corres.:— Sister Rosalie Dunn, Chigwell Convent, Woodford Bridge.	E. S. Holcroft, Shire Hall, Chelmsford.	6 males. Imbeciles and feeble-minded up to the age of 16 years. <i>Certified by Board of Education for 61 boys.</i>
	Brunswick House, Mistley.	London C.C. Chief Officer, Mental Hospitals Dept., Shell-Mex House, Strand, W.C.2.	Do.	68 higher grade employable males, not less than 16 years of age.
	The Mutual Sanatoria, Billericay; <i>with ancillary premises:</i>	The Mutual Sanatoria, Ltd. Sec.:— A. J. Read, New Lodge, Billericay.	Do.	54 males, excepting those who are dangerous to themselves or others, runaways, or who require physical restraint and are unsuitable for care on the "open-door" system.
	Ramsey Lodge, Ramsey.			Not more than 12 males, excluding lowest grade, ambulant and cot and chair cases.
	Etloe House, Church Road, Leyton, E.10.	Sisters of The Sacred Hearts of Jesus and Mary. Corres.:— Sister Rosalie Dunn, Chigwell Convent, Woodford Bridge.	Do.	120 feeble-minded females, from 16 years of age.

Royal Eastern Counties Institution, Colchester,*† with ancillary premises: Lexden House, Colchester; East Hill House School, Colchester; Hillsleigh, 10, East Hill, Colchester; Greenwood Schools, Halstead; Crossley House, Clacton; Bridge Home, Witham; Turner Road, Colchester; Tabor Hse., Witham; and Littleton House School, Girton, Cambridge.	Board of Directors ... (Medical Superintendent: F. D. Turner, M.B.)	C. W. Denton, 8, East Stockwell Street, Colchester.	1,682 males and females. Certified by Board of Education for 174 boys or girls and by Home Office for 17 girls. Main institution—598 males and females. Lexden House—65. East Hill House—60 males. Hillsleigh—48. Greenwood—90. Crossley House—61. Bridge Home—291. Tabor House—44. Turner Road—414 males.
Girls' Village Homes, Barkingside; with ancillary premises: Warlies, Upshire, Waltham Abbey.	Dr. Barnardo's Homes: National Incorporated Association.	A. Tabrum, Shire Hall, Castle Hill, Cambridge.	Littleton House—11.
South Ockendon Colony, South Ockendon.	West Ham C.B.C.	E. S. Holcroft, Shire Hall, Chelmsford. Do. do.	24 high to medium grade girls under the age of 16 years. 65 high to medium grade adult females.
Coed Du Hall, Rhydymwyn, Mold.	Denbigh C.C....	Do. do.	44 male and 30 female adults, and 40 male and 20 female juveniles.
Broughton Institution, Broughton, Chester.	Flint C.C. ...	J. Harvey-Davies, County Offices, Mold. G. C. Scrimgeour, St. John's House, Chester.	53 adult and 19 juvenile females. 38 active medium to low grade females over the age of 16 years, and 12 male and 6 female active imbeciles under age of 16 years.

* Certified as a Special School by Board of Education.

† Certified as a Special Industrial School by Home Office.

CERTIFIED INSTITUTIONS—continued.

COUNTY or COUNTY BOROUGH within which the Institute is situate C.B. = County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
Glamorgan ...	Drymma Hall, Skewen, near Neath.	Glamorgan C.C. ... (Medical Superintendent: E. Lewis, L.R.C.P., L.R.C.S., F.R.F.P.S.).	J. B. Parry, Glamorgan County Hall, Cardiff.	79 females. All classes within the meaning of the Act.
	Hensol Castle, Pontyclun.	Glamorgan C.C. ... (Medical Superintendent: E. Lewis, L.R.C.P., L.R.C.S., F.R.F.P.S.).	Do. do.	250 males and 210 females,
(Swansea C.B.)	Llwyn Eryr Training Home, Morriston, Swansea.	Swansea C.B.C. ...	J. Lake, Central Police Buildings, Alexandra Road, Swansea.	27 female adults.
Gloucester ...	Brentry Colony, Westbury-on-Trym, Bristol.	Committee of Management Sec.:—E. R. Abbott, O.B.E., 13, Victoria Street, London, S.W.1. (Medical Superintendent: J. J. Mason, M.B.)	D. Taylor, Petty Sessional Court House, Bristol.	385. All classes within the meaning of the Act, being males over the age of 18 years.
	St. Mary's Home, Painswick, near Stroud.	Committee of Management Hon. Sec.: Miss M. B. Gibbs, Yew Tree House, Painswick, nr. Stroud.	R. L. Moon, Shire Hall, Gloucester.	29 female feeble-minded cases. Age on admission 14 to 25 years, and of the Church of England. Cases over the age of 25 to be received only with the previous consent of the Board.
	Hortham Colony, Almondsbury, Bristol.	Bristol C.B.C. ...	L. M. Harris, 65, Stokes Croft, Bristol.	304 of each sex.
	Stoke Park Colony, Bristol; <i>with ancillary premises:</i> Hanham Hall, Hanham, near Bristol; Leigh Court, Abbot's Leigh, Somerset.	The Incorporation of National Institutions for Persons requiring Care and Control. Mrs. Burden, The Warden, 14, Howick Place, Victoria Street, London, S.W.1.	Do. do.	1,818 patients, of whom not more than 910 shall be males and not more than 950 shall be females, distributed as follows:— Stoke Park Colony... 1,318 Hanham Hall ... 240 Leigh Court ... 260

(Bristol C.B.)	Chasefield Laundry Home, 874, Fishponds Road, Fishponds, Bristol.	The Sub-Committee of the Bristol Preventive Mission (for the management of Chasefield). Hon. Sec.:—Mrs. M. Z. Heath, 13, Harcourt Road, Redland, Bristol.	D. Taylor, Petty Sessional Court House, Bristol.	40 feeble-minded females.
(Do.)	The Royal Fort Home, 1 & 2, Hillside, Cotham, Bristol.	The Sub-Committee of the Bristol Preventive Mission Hon. Sec.:—Mrs. K. Tanner, 8, Cotham Road, Bristol.	Do. do.	36 females. High-grade adults on licence from other Certified Institutions.
Hampshire ...	Coldeast Colony, Salisbury, Southampton.	Hampshire Joint Mental Health Institutions Committee. (Medical Superintendent: Alban Wilson, M.R.C.S., L.R.C.P., D.P.M.).	A. J. Rogers, Magistrates Clerk's Office, Southampton.	175 males and 325 females.
	Tatchbury Mount Colony, West Totton.	Hampshire Joint Mental Health Institutions Committee.	Do. do.	137 male adults.
(Portsmouth C.B.)	Free Church Council Hostel (St. Paul's House), 71, King Street, Portsea.	The Free Church Women's Council (Portsmouth and District). Hon. Sec.:—Mrs. H. Pearce, 42, Outram Road, Southsea.	B. J. Tay, The Guildhall, Portsmouth.	7 high-grade female adults.
	St. Mary's Home, Alton; with ancillary premises:	Sisters of the Community of St. Mary the Virgin of Wantage, Berks. Supt. and Corr.:—Sister Edith Emma.	A. J. Rogers, Magistrates Clerk's Office, Southampton. J. E. Seager, County Hall, Chichester. F. G. Langham, Palace Chambers, White Rock, Hastings. John Dix, Sessions House, Newington, S.E.1.	45 fallen female adults. 12 adult females. 12 high-grade females between the ages of 16 and 40 years. 9 high-grade adult females.

CERTIFIED INSTITUTIONS—continued.

COUNTY or COUNTY BOROUGH within which the Institution is situate C.B. = County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
Hampshire—contd.	Mount Tabor, Darlington Road, Basingstoke, <i>with ancillary premises</i> : St. John's House, Sherborne Rd., Basingstoke.	The Sisters of the Transfiguration ... Supt. and Corr.:—Sister Mary Frances.	A. J. Rogers, Magistrates Clerk's Office, Southampton.	50 feeble-minded females 16 years of age and over. Church of England cases only.
Herts ...	Hillside, Buntingford	Westminster Diocesan Education Fund. Sec.:—The Rev. J. B. Bagshawe, Archbishop's House, Westminster, London, S.W.1. Do. do.	Do. do. Elton Longmore, Hertford.	20 active low-grade juvenile females. 48 juvenile male trainable imbeciles.
	Barvin Park, Northaw, Potter's Bar. Middlesex Colony, Harper Lane, Shenley, St. Albans. Kingsmead Schools, Ware Road, Hertford.*	Middlesex C.C. ... (Medical Superintendent: H. E. Beasley, M.B., D.P.M.). Managers appointed by the Herts C.C.	Do. do. Do. do. Do. do.	93 feeble-minded adult males. 854. Not more than 528 males and not more than 326 females. 22. All classes. 10 adult females and 12 of an age and degree of mental defect such as would permit of their being housed and instructed with children, for whom the School is primarily intended. <i>Certified by Board of Education for 70 boys and 56 girls.</i>
	St. Elizabeth's Home for Epileptics, Much Hadham.*	Westminster Diocesan Education Fund. Sec.:—The Rev. J. B. Bagshawe, Archbishop's House, Westminster, S.W.1.	Do. do.	School—3 males and 3 females. Colony—108 females. <i>Certified by Board of Education for 14 boys and 42 girls.</i>
	Cell Barnes Colony, St. Albans.	Hertfordshire C.C. (Medical Superintendent: N. H. M. Burke, M.R.C.S., L.R.C.P., D.P.M.).	Do. do.	Idiots, imbeciles, and feeble-minded cases of the Roman Catholic religion. 300 male and 300 female defectives.

Kent	...	...	Princess Christian's Farm Colony, Hildenborough.	National Association for the Feeble-minded, 72, Denison House, 296, Vauxhall Bridge Road, Westminster, S.W.1.	D. B. H. Warner, Justices Clerk's Office, Tonbridge.	71 males, 68 females.
			West View, Tenterden	Kent C.C.	S. G. Champion, 16, High Street, Tenterden.	180 females.
			Leybourne Grange, West Malling, Maidstone.	Do. do. (Medical Superintendent : R. F. Jarrett, L.M.S.A., F.R.F.P.S.).	D. B. H. Warner, Justices Clerk's Office, Tonbridge.	186 male and 256 female adults.
			Home of the Good Shepherd, Staplehurst.	Committee of Management ...	Do. do.	10 high-grade females aged 14 years and over.
Lancashire (Liverpool C.B.)	...	...	Allerton Priory R.C. Special Schools, Woolton, Liverpool.*	Committee of Management ... Correspondent :—Rev. J. Bennett, 150, Brownlow Hill, Liverpool, 3.	C. T. Barton, City Police Courts, Dale Street, Liverpool.	1 male and 40 females. Feeble-minded cases of a degree of mental defect such as will permit of their living in association with and being instructed or trained with the children for whom the School is primarily intended. <i>Certified by Board of Education for 110 girls.</i>
			Calderstones, Whalley, near Blackburn.	Lancashire Mental Hospitals Board (Medical Superintendent :—G. S. Robertson, M.B., Ch.B.).	L. Cotman, 8, Lune Street, Preston.	1,364 males and 964 females. All classes including epileptics.
			Brockhall, Langho, near Blackburn.	Lancashire Mental Hospitals Board (Medical Superintendent :—D. J. Rose, L.R.C.P.).	Do. do.	262 males and 510 females.
(Do.)			Dovecot, Knotty Ash, Liverpool.*	Committee of the Liverpool Ladies Association for the Care and Training of Girls. Hon. Sec. :—Miss Corbett - Lowe, Flat 3, 45, Canning Street, Liverpool, 8.	C. T. Barton, City Police Courts, Dale Street, Liverpool.	30 feeble-minded females; 26 over the age of 16 and 4 under the age of 16 who shall be of an age and of a degree of mental defect such as would permit of their being housed and instructed with the children for whom the school is primarily intended. <i>Certified by Board of Education for 38 girls.</i>

* Certified as a Special School by Board of Education.

CERTIFIED INSTITUTIONS—continued.

COUNTY or COUNTY BOROUGH within which the Institution is situate C.B.=County Borough.	Name and Address of the Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
Lancashire—contd.	Gillibrand Hall, Chorley.	Committee of Management Correspondent :—Rev. J. Bennett, 150, Brownlow Hill, Liverpool, 3. The Congregation of the Brothers of Charity.	L. Cotman, 8, Lune Street, Preston.	46 female feeble-minded cases.
(Liverpool C.B.)	Lisieux Hall, Whittle-le- Woods, Chorley.	Sec. :—A. Heffernan, Lisieux Hall. Committee of Management . . .	Do. do.	109 males.
	The Home, 4, Everton Terrace, Liverpool.	Hon. Sec. :—R. H. Gardner, "Ince- wood," Park Road, Liverpool.	C. T. Barton, City Police Courts, Dale Street, Liverpool.	20 females. Feeble-minded and moral defectives over the age of 16 years.
	Pontville R.C. Special School, Aughton, Ormskirk.*†	Committee of Management . . . Correspondent :—Rev. J. Bennett, 150, Brownlow Hill, Liverpool, 3.	G. W. Swift, 74, Hanover Street, Liverpool.	25 males : feeble-minded children between the ages of 5 and 16 years. <i>Certified by Board of Education and by Home Office for 121 boys.</i> 920 males and females.
Leicester (Leicester C.B.)	Royal Albert Institution, Lancaster.	Central Committee of Management. Sec. :— S. Keir, F.C.I.S., Royal Albert Institution. (Medical Superintendent :— C. J. Henderson, M.B.). Leicester C.B.C.	J. T. Sanderson, 67, Church Street, Lancaster.	337 males and females.
	Leicester Frith, Groby Road, Leicester.		L. E. Rumsey, 10, New Street, Leicester.	160 patients : 60 male and 50 female adults, 20 females under 16 years of age and 30 cot and chair cases of either sex.
	Stretton Hall, Leicester	The Leicestershire and Rutland Joint Board for the Mentally Defec- tive.	Do. do.	120 males and 130 females, feeble- minded persons and moral defectives.
Lincoln . . .	Harmston Hall Colony, Harmston, Lincoln.	Lincolnshire Joint Board for the Men- tally Defective. (Medical Superintendent :— S. J. Laverty, M.B.).	W. T. Phipps, Clerk of the Peace Office, Sleaford.	95 adult males and 65 adult females and 7 low-grade juvenile males.
	Holbeach Institution, Fleet Road, Hol- beach.	Lincolnshire Joint Board for the Men- tally Defective.	H. C. Marris, County Hall, Boston.	

London ...	...	Helping Hand Home, 16, Cathcart Hill, Highgate, N.19.	Committee of Management Hon. Sec.:—Mrs. Geoffrey Russell, J.P., 17, Church Row, Hampstead, N.W.3.	John Dix, Sessions House, Newing- ton, S.E.1.	30 feeble-minded females, preferably from the age of 16 years.
		London Lock Hospital, 283, Harrow Road, W.9.	Board of Management ... Sec.:—J. F. Morton, A.I.S.A., London Lock Hospital.	Do. do.	7 female feeble-minded and moral defectives.
		South Side Home, Streatham Common, S.W.16.	London C.C. ... Chief Officer, Mental Hospitals Dept., Shell-Mex House, Strand, W.C.2.	Do. do.	80 female high-grade feeble-minded adults who, save with the previous consent of the Board of Control, shall be on licence from other Certified Institutions.
		St. Teresa's, 97, Belmont Hill, Lewisham, S.E.13.	Sisters of the Sacred Hearts of Jesus and Mary. Corr. Manager:—The Very Rev. Canon W. H. Monk, St. Peter's, Woolwich, S.E.18.	Do. do.	120 female adults, high and medium grade.
Middlesex	...	Bramley House, Clay Hill, Enfield.	Middlesex C.C. ...	C. W. Radcliffe, M.A., Guildhall, West- minster, S.W.1.	66 female feeble-minded cases, aged 16 years and upwards.
		Pield Heath House School, Hillingdon, Uxbridge.*	Westminster Diocesan Education Fund. Sec.:—Rev. J. B. Bagshawe, Arch- bishop's House, S.W.1.	Do. do.	53 females. Feeble-minded and moral defectives. Total cases not to exceed 123, and all to be fit for association with children. <i>Certified by Board of Education for 90 girls.</i>
		St. Raphael's, The Butts, Brentford.	The Sisters of the Institute of the Poor Servants of the Mother of God. Sec.:— Sister M. Germanus, St. Mary's Convent, Roehampton, S.W.15.	Do. do.	61 high-grade feeble-minded girls of 16 years and upwards.

* Certified as a Special School by Board of Education.

† Certified as a Special Industrial School by Home Office.

CERTIFIED INSTITUTIONS—continued.

COUNTY or COUNTY BOROUGH within which the Institution is situate C.B. = County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
Norfolk ...	Little Plumstead Hall, Little Plumstead, <i>with ancillary premises</i> :	Norfolk C.C. (Medical Superintendent : J. V. Morris, M.B.).	J. Middleton, M.B.E., St. Andrew's Hospital, Thorpe, Norwich. Do. do.	150 males and 175 females.
(Norwich C.B.) ...	Heckingham Institution, Heckingham.			56 male and 120 female adults.
	Eaton Grange, Unthank Rd., Norwich.	Norwich C.B.C.	J. F. Betts, Justices Room, Guildhall, Norwich.	37 high-grade female adults.
Northumberland	Prudhoe Hall Colony, Prudhoe-on-Tyne.*	North Eastern County Boroughs Joint Board for the Mentally Defective. (Superintendent and Medical Officer : G. McCoull, M.D.).	H. D. Irwin, 10, Ellison Place, Newcastle-on-Tyne, 1.	332 males and 293 females : all classes. <i>Certified by Board of Education for 80 cases.</i>
	Home of Industry, ("Bow Villa,") Morpeth.	Committee of Management Hon. Sec. :—Mrs. East, East Cottingham, Morpeth.	Do. do.	16 female adults.
	Cowpen Hall, near Blyth	Northumberland C.C.	Do. do.	42 male adults.
	Greenholme Institution, Haltwhistle.	Do. do.	Do. do.	51 male adults.
	Rothbury Institution, Rothbury.	Do. do.	Do. do.	54 females : 49 medium to high-grade women, and 5 medium to low-grade girls.
Oxford ...	Borocourt, Peppard. ...	Bucks, Oxon and Reading Joint Board for the Mentally Defective.	F. G. Scott, County Hall, Oxford.	161 female adults; 46 male adults.
Somerset	The Friars, Fryern Lawu, Bridgwater.	Committee of Management Secty. and Supt. :—Miss A. E. Best.	C. E. Newman, County Hall, Taunton.	17 females. Feeble-minded and moral defectives.
	Sandhill Park, Bishop's Lydeard, Taunton,* <i>with ancillary premises</i> :	Somerset C.C. (Medical Superintendent : T. A. Danby, M.B.).	Do. do.	60 males and 101 females. <i>Certified by Board of Education for 50 boys and 50 girls.</i>

Yatton Hall, Yatton, Bristol.	Do.	76 patients.
Cambridge House, Long Ashton, Bristol; <i>and</i> West End House, Shepton Mallet.	Do.	120 males.
Totterdown Hall, Uphill, Weston-super-Mare.	Do.	129 females.
House of Help, 112, Walcot Street, Bath.	Do.	60 females.
(Bath C.B.) ...	W. M. Reece Lewis, Guildhall, Bath.	66 feeble-minded females.
(Do.)	Do.	21 high or medium grade feeble-minded adult females admitted on licence from other Institutions.
(Do.)	Do.	47 children of either sex.
Stoke Park Colony, Bristol, <i>with ancillary premises.</i>	H. L. Underwood, M.A., LL.B., County Buildings, Stafford.	77. <i>Mansion</i> : 16 boys under 21 and 44 females. <i>Male Block</i> : 17 males over 16.
Stafford ...	Do.	983 patients.
Stallington Hall, Blythe Bridge, Stoke-on-Trent.	Do.	22 females. High-grade feeble-minded cases over the age of 16 years.
Great Barr Park Colony, Great Barr, Birmingham.	F. S. Ward, 32, Museum Street, Ipswich.	43 feeble-minded females from 16 to 20 years of age.
Handford Home, Ranelagh Road, Ipswich.	T. M. Braithwaite, Friars Street, Sudbury.	
St. Joseph's Home, The Croft, Sudbury.		

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CERTIFIED INSTITUTIONS—continued.

COUNTY or COUNTY BOROUGH within which the Institution is situate C.B. = County Borough.	Name and Address of the Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
Surrey	Farmfield, near Horley.	London C.C. Chief Officer, Mental Hospitals Dept., Shell-Mex House, Strand, W.C.2. Do. do. (Medical Superintendent : E. S. Litteljohn, M.R.C.S., L.R.C.P.).	D. Aukland, County Hall, Kingston- on-Thames.	161 males (adults or adolescents) of criminal experience or intractable disposition.
	The Manor, Epsom, <i>with ancillary premises</i> : Hollywood Lodge, Ep- som Common.		Do. do.	611 males and 681 females. All classes within the meaning of the Act.
	The Royal Earlswood Institution, Redhill, and branch Institu- tion, Earlswood House, Walton-on-the-Naze.	Board of Management Sec. :—H. Stephens, 14/16, Ludgate Hill, London, E.C.4. (Medical Superintendent : S. Langton, M.B.).	Do. do.	575 patients of both sexes.
	Mount Olivet, Frensham, Farnham.	The Congregation of the Servants of Christ the King. Sec. : A. E. Pearse, Mount Olivet Monastery.	Do. do.	30 feeble-minded males—age on ad- mission 16 to 20 years.
	Botley's Park, Chertsey, <i>with ancillary pre- mises</i> : Murray House, Otter- shaw, nr. Chertsey. Clerk's Croft, Bletch- ingley.	Surrey C.C. (Medical Superintendent : K. C. L. Paddle, L.R.C.P., D.P.M.).	Do. do.	109 male adults of the younger employ- able type.
	The Royal Hostel, Royal Common, Eashing, Godalming.	Surrey C.C. Surrey Voluntary Association for Mental and Physical Welfare. Sec. :—Miss W. Gibson, B.Sc., 18, Park Street, Guildford. Do. do.	Do. do.	300 female adults and children of either sex. 168 males. 156 imbeciles and feeble- minded over the age of 16 and 12 cot and chair cases. 32 high-grade male adults.
	Eagle House, London Road, Mitcham.		Do. do.	46 high-grade imbecile and feeble- minded females.

Sussex, East	...	The Ellen Terry National Home for Blind Defective Children, "Sandfield," Wray Park Road, Reigate.	Servers of the Blind League ... Org. Sec. : Miss K. E. Lambe, 3, Upper Woburn Place, W.C.1.	Do.	do.	30 blind defectives.
		Hermitage Training Home, Fairwarp, nr. Uckfield, <i>with ancillary premises</i> : Wharf House, Lewes; and Lark's Hill, Fairwarp.	Committee of Management ... Hon. Sec. : Miss M. Beale, Standen, East Grinstead.	H. J. T. McIlveen, County Hall, Lewes.		44 females.
		Dungates, Horeham Road.	Guardianship Society, Brighton ... Medical Director : S. E. Gill, M.D., 3, Buckingham Place, Brighton, 1.	Do.	do.	7 feeble-minded males.
		Tubwell Farm, Jarvis Brook, Crowborough.	Do.	Do.	do.	7 feeble-minded males.
		Laughton Lodge, Laughton, nr. Ringmer.	Brighton C.B.C. ...	Do.	do.	34 male adults.
Sussex, West	...	The Home of the Holy Rood, Findon.	<i>See under</i> County of Hampshire—	St. Mary's Home, Alton.		
Warwick	...	Midland Counties Institution, Knowle, near Birmingham.	Committee of Management ... Supt. and Sec. : S. H. Thornton.	A. C. Burrows, 1, New Street, Warwick.		197 male patients.
		Warwickshire Weston Colony, Weston-under-Weatherley, nr. Leamington Spa.	Warwick C.C. ...	Do.	do.	32 males and 106 females.
		Coleshill Hall, near Birmingham, <i>with ancillary premises</i> : Marston Green Division.	Birmingham C.B.C. (Medical Superintendent : H. F. Stephens, M.R.C.S., L.R.C.P.).	Do.	do.	180 males and 240 females aged 16 years and upwards. 493 patients.

CERTIFIED INSTITUTIONS—continued.

COUNTY or COUNTY BOROUGH within which the Institution is situate C.B. = County Borough.	Name and Address of the Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
(Birmingham C.B.).	Agatha Stacey Home, Rednal, near Birmingham.	Committee of Management Sec.:—Miss M. E. Warner, 143, Broad Street, Birmingham 15.	C. E. Barker, Victoria Law Courts, Corporation St., Birmingham.	40 female feeble-minded patients over 15 years of age.
(Do.)	Monyhull Colony* Monyhull Hall Road, King's Heath, Birmingham, <i>with ancillary premises</i> : "The Laurels," 233, Monyhull Hall Road, King's Norton.	Birmingham C.B.C. (Medical Superintendent: A. M. McCutcheon, M.B., F.R.F.P.S.).	Do. do.	583 males and 647 females. All classes. <i>Certified by the Board of Education for 310 children.</i>
Wilts ...	Pewsey Colony, 1, Wilcot Road, Pewsey. Purton Institution, nr. Swindon.	Wilts C.C. ... Do. Do.	W. L. Bown, County Offices, Trowbridge Do. do. Do. do.	"The Laurels"—13 female adults. 201 patients. 48 patients: 30 female adults and 18 cot and chair cases. 65 adult females.
Worcester ...	King Way House, Wilton, Salisbury. Besford Court, Worcester,*† <i>with ancillary premises</i> : St. Joseph's, Astwood Bank, near Redditch.	Committee of Management Res. Manager: The Rev. P. F. M. McSwiney.	C. H. Bird, Shire Hall, Worcester.	190 males; all cases, whether under or over the age of 16 years, to be of a degree of mental defect such as will permit of their being housed and instructed with the children for whom the school is primarily intended. Total cases not to exceed 380. <i>Certified by Board of Education for 210 boys, and also certified by Home Office.</i>
Yorks, N.R. ...	Claypenny Colony, Eastingwold.	North Riding of Yorks C.C.	Maj. H. H. Dryland, M.B.E., North Riding Mental Hospital, Clifton.	63 adult and 16 juvenile females and 11 cot and chair cases of either sex.

Yorks, W.R.	...	Rawcliffe Hall, near Goole.	West Riding of Yorks C.C.	...	W. H. Coles, Bank House, Burton Street, Wakefield.	121 females. All classes within the meaning of the Act—10 years of age and upwards.
(Leeds C.B.)	...	Meanwood Park Colony, Meanwood, Leeds, with ancillary premises : Armley Grange, Leeds. Kepstorn, Morris Lane, Kirkstall, Leeds.	Leeds C.B.C.	...	F. Richards, Town Hall, Leeds.	163 males and 268 females.
Yorks, W.R.	...	Mid-Yorks Certified Institution, Whixley, Yorks.	Mid-Yorkshire Joint Board for the Mentally Defective.		Do. do.	19 juvenile males.
			Do.		Do. do.	40 females. High grade feeble-minded patients over 16 years of age.
		The Mansion, Kirkburton, near Huddersfield.	West Riding of Yorks C.C.	...	W. H. Coles, Bank House, Burton Street, Wakefield.	214 males. All classes within the meaning of the Act.
		Oulton Hall, Oulton, near Leeds.	Do.	do.	Do.	60 females.
		St. Catherine's, Lovellsall, Doncaster.	S.W. Yorkshire Joint Board for the Mentally Defective.		Do.	264 males.
		Craigie Lea Children's Home, Ovenden, nr. Halifax.	Halifax C.B.C.	...	Do.	160 males and 140 females.
		Hollow Meadows, Malin Bridge, nr. Sheffield.	Sheffield C.B.C.	...	Do.	16 males and 12 females.
		Wales Court, Kiveton, nr. Sheffield.	Do.		Do.	58 imbecile and feeble-minded males.
(Sheffield C.B.)		Cliffe House, Elm Lane, Shiregreen, Sheffield.	Do.		F. B. Dingle, Court House, Sheffield.	50 females. All classes within the meaning of the Act.
Do.	...	St. Joseph's School, Howard Hill, Sheffield.	The Sisters of Charity of St. Vincent de Paul.		Do. do.	29 low-grade juvenile males.
						50 females : 30 medium-grade girls under the age of 16 years and 20 cot and chair cases.

* Certified as a Special School by Board of Education.

† Certified as a Special Industrial School by Home Office.

CERTIFIED INSTITUTIONS—continued.

COUNTY or COUNTY BOROUGH within which the Institution is situate C.B. = County Borough.	Name and Address of the Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
(Bradford C.B.)	Westwood, Cooper Lane, Bradford, <i>with ancillary premises</i> : Ashfield, 269, Thornton Road, Thornton, near Bradford.	Bradford C.B.C. 	W. H. Coles, Bank House, Burton St., Wakefield.	180 males and 60 females. 50 females.
Yorks, E.R. ... (Kingston-on-Hull, C.B.).	Tilworth Grange, Sutton, nr. Hull. Brandesburton Hall, Brandesburton.	Kingston-on-Hull C.B.C. E. Riding and York Joint Board for the Mentally Defective.	W. C. Bairstow, Law Courts, Hull. Sir Godfrey Macdonald, Bt., County Hall, Beverley.	150 females. All classes within the meaning of the Act. 140 males and 120 females.

INSTITUTIONS APPROVED UNDER SECTION 37.

Owning Local Authority. (C.B.=County Borough.)	Address of the Institution.	Clerk to Visitors.	Number and Class of Defectives.
Bedford...	St. Peter's Hospital, 3, Kimbolton Road, Bedford.	G. J. M. Whyley, Bromham Road, Bedford.	13 adult females.
Berks ...	1, Grovebury Road, Leighton Buzzard. Central House, Bradfield, Reading.	J. B. Graham, Shire Hall, Bedford. H. J. C. Neobard, Shire Hall, Reading.	6 adult females. 95 females.
Bucks ...	Resthouse, Bracknell ... 100, Bierton Hill, Aylesbury ... 1, Buckingham Road, Winslow...	Do. do. H. Fisher, County Hall, Aylesbury Do. do.	106 males. 18 male and 12 female adults. 9 males and 40 females.
Cambridge ...	81A, Mill Road, Cambridge ... 29, Union Lane, Cambridge ...	J. Lyon, 21, St. Andrew's Street, Cambridge. Do. do.	4 male and 10 female adults. Suitable for treatment in a common ward. 2 male and 8 female adults.
Isle of Ely ...	The Red House, Symond's Lane, Linton. Tower House, Cambridge Road, Ely	A. Tabrum, Shire Hall, Castle Hill, Cambridge. R. G. F. Thurlow, County Hall, March.	4 adults of each sex. 10 female adults.
Caernarvon ...	Bodfan Mental Home, The Park, Caernarvon.	David G. Jones, Caernarvon ...	19 males and 16 females under 16 years of age.
Cheshire ...	Tarvin House, Heath Lane, Chester Arcld, Sandbach ...	G. C. Scrimgeour, St. John's House, Chester. Do. do.	15 male and 40 female adults. 16 male adults and 14 juveniles of either sex.

INSTITUTIONS APPROVED UNDER SECTION 37—*continued.*

Owning Local Authority. (C.B. = County Borough.)	Address of the Institution.	Clerk to Visitors.	Number and Class of Defectives.
(Birkenhead C.B.) ...	56, Church Road, Higher Tranmere, Birkenhead.	E. W. T. Gasking, Sessions Court, Brandon Street, Birkenhead.	30 adults.
Cornwall ...	Budock House, Falmouth ...	T. A. H. Sheers, County Hall, Truro.	34 males and 13 females; (10 adult males, 13 adult females, and 24 juvenile males).
Denbigh ...	Gorffwysfa, Ruthin ...	W. Jones, County Offices, Ruthin	18 male and 1 female adults.
Derby ...	Shire Hill View, Bute Street, Glossop.	G. G. Bailey, County Offices, Derby.	12 male and 12 female adults.
(Derby C.B.) ...	Boundary House, Uttoxeter Road, Derby.	W. R. H. Whiston, Idridgehay, Derby.	30 adult females.
Devon ...	19, Alexandra Road, Barnstaple	S. A. Copp, Castle Chambers, Barn- staple.	20 male and 6 female adults.
	Red Hill House, Okehampton Road, St. Thomas, Exeter.	J. Whiteside, The Court House, Exeter.	6 male and 12 female adults.
(Plymouth C.B.) ...	1, North Road, South Molton ...	J. Furze Saunders, South Molton	15 male and 34 female adults.
	Ford House, Wolseley Road, Ford, Devonport, Plymouth.	J. Bone, Guildhall, Plymouth ...	25 male and 50 female adults.
(Exeter C.B.) ...	77, Heavitree Road, Exeter ...	J. Whiteside, The Court House, Exeter.	12 adults of each sex.
Dorset ...	Bedford House, 1, Bedford Place, Bridport.	C. P. Bruton, County Offices, Dorchester.	29 female adults.
Durham ...	Oaklands, Bishop Auckland ...	G. H. Watson, Darlington ...	82 adult females.
(Darlington C.B.) ...	90, Yarm Road, Darlington ...	Do. do.	6 male and 6 female adults.
(Gateshead C.B.) ...	High Teams Hospital, Gateshead	Do. do.	4 male and 19 female adults.

(W. Hartlepool C.B.)	Howbeck Colony, West Hartlepool	Do.	do.	50 males and 160 females.
(South Shields C.B.)	169, Harton Lane, South Shields	Do.	do.	78 adult males.
Essex ...	People's Home, Radwinter Road, Saffron Walden.	C. S. D. Wade, Saffron Walden ...		4 female adults.
(West Ham C.B.) ...	Winstree House, Stanway, Colchester.	E. S. Holcroft, Shire Hall, Chelmsford.		36 female adults.
	The Forest Gate Hospital, Forest Lane, Forest Gate, E.7.	J. H. Jackson, Police Court, West Ham Lane, E.15.		20 male and 30 female adults and 15 female juveniles.
Flint ...	Denbigh Road, St. Asaph ...	J. Harvey Davies, County Offices, Mold.		12 adults of each sex.
Glamorgan ... (Cardiff C.B.).	Ely Lodge, Ely, Cardiff ...	E. J. Hayward, Law Courts, Cardiff		152—not more than 89 males and not more than 69 females.
Gloucester ...	24, Querns Hill, Cirencester ...	R. W. Ellett, Cirencester ...		10 female adults and 15 male and 10 female juveniles.
	East View, Mangersbury, Stow-on-the-Wold.	R. Moon, Shire Hall, Gloucester...		25 active low-grade adult males.
Bristol (C.B.) ...	Snowden Buildings, 100, Manor Road, Fishponds, Bristol.	D. Taylor, Petty Sessional Court House, Bristol.		100 male and 100 female adults.
Hereford ...	The Infirmary, 3, Alton Street, Ross.	Dr. E. W. Maples, Hereford ...		25 male and 15 female adults.
Herts ...	"Haymeads," Bishops Stortford Shrodells, 60, Vicarage Road, Watford.	Elton Longmore, Hertford ... Do.		40 female older adults. 18 male and 22 female adults.
Isle of Wight ...	Forest House, Parkhurst ...	F. V. Barber, The Castle, Winchester.		20 male and 20 female adults.
Kent ...	Hartley House, Cranbrook ...	D. B. H. Warner, Tonbridge ...		15 male and 20 female adults.
	2, Mill Lane, Sandwich ...	Do.	do.	60 male and 24 female adults; 35 male and 11 female juveniles.
	Birchfield House, Sundridge, Seven-oaks.	Do.	do.	30 female adults.
	Coxheath, Maidstone ...	Do.	do.	96 male adults.

INSTITUTIONS APPROVED UNDER SECTION 37—*continued.*

Owning Local Authority. (C.B.=County Borough.)	Address of the Institution.	Clerk to Visitors.	Number and Class of Defectives.
<i>Kent—continued.</i> (Canterbury C.B.) ...	The Home, Nunnery Fields, Canterbury.	T. A. Bowen, Watling Chambers, Watling Street, Canterbury.	10 male and 10 female adults.
Lancashire ...	27 Stanley Street, Ulverston ...	J. T. Sanderson, 67, Church Street, Lancaster.	85 adult females.
	196, Partington Lane, Swinton, Manchester.	W. Procter, 36, Brazenose Street, Manchester.	61 male and 61 female juveniles.
	152, Eaves Lane, Chorley ...	L. Cotman, 8, Lune Street, Preston.	15 male and 35 female adults.
	Chatburn Road, Clitheroe ...	Do. do.	39 older adult males.
	Seaford House, Waterloo Road, Seaford, Liverpool.	G. W. Swift, 74, Hanover Street, Liverpool.	101 males and 134 females.
Leicester ...	59A, Regent Street, Loughborough	L. E. Rumsey, 10, New Street, Leicester.	40 female adults.
	Mountsorrel, Loughborough ...	Do. do.	23 male adults.
Lincoln (Kesteven) ...	119, Dysart Road, Grantham ...	R. F. M. White, Grantham ...	4 male and 11 female adults.
Do. ...	Woodford House, East Road, Sleaford.	W. T. Phipps, Sleaford ...	3 female adults.
(Lincoln C.B.) ...	8A, Burton Road, Lincoln ...	W. M. Phillips, Clerk to the Justices, Lincoln.	10 adults of each sex.
London ...	Darent Park, Dartford, <i>with ancillary premises</i> : Leytonstone House, High Road, Leytonstone.	D. B. H. Warner, Tonbridge ...	Trainable children and adults of both sexes. 72 high-grade females over the age of 16 years.

Leavesden Hospital, Abbot's Langley, Watford.	Elton Longmore, Hertford ...	Unimprovable adults and cases of chronic infirmity.
Caterham Hospital, Caterham, Surrey.	D. Aukland, County Hall, Kingston-on-Thames.	Unimprovable adults. Low-grade trainable children. 35 high-grade employable adult males at Chaldon Mead.
Fountain Hospital, Tooting Grove, Tooting Graveney, S.W.17.	John Dix, Sessions House, Newington, S.E.1.	All classes of children up to 9 years. Unimprovable. Girls up to 16 years. Adult female working patients.
St. Stephen's Hospital, 369, Fulham Road, S.W.10.	Do. do.	5 male and 10 female adults suffering from venereal disease.
Llys Ednyfed, Minffordd, Penrhyn-deudraeth.	H. J. Owen, County Offices, Dolgelly.	23 male and 27 female adults.
Coedygic House, Griffithstown, Pontypool.	V. Lawrence, Newport (Mon.) ...	55 female adults.
Forden, Welshpool ...	J. E. Tomley, Montgomery ...	32 male and 48 female adults.
The Lodge, Caersws ...	Do. do.	53 male and 46 female juveniles.
Hill House, Pulham Market, Diss.	J. Middleton, M.B.E., St. Andrew's Hospital, Thorpe, Norwich.	12 adult females.
Cades Hill House, Attleborough	Do. do.	12 adult females.
77, London Road, Kettering ...	H. J. Cove, 1, Guildhall Road, Northampton.	16 male and 16 female adults.
3A, Castle Street, Wellingborough	Do. do.	10 male and 20 female adults.
137A, Wellingborough Road, Northampton.	L. Lodge, Guildhall, Northampton.	9 adults.
Thorpe Road House, Thorpe Road, Peterborough.	W. J. Deacon, Peterborough ...	12 male and 21 female adults.

INSTITUTIONS APPROVED UNDER SECTION 37—*continued.*

Owning Local Authority. (C.B. = County Borough.)	Address of the Institution.	Clerk to Visitors.	Number and Class of Defectives.
Notts	121, Highbury Road, Bulwell, Nottingham.	K. T. Meaby, Shire Hall, Nottingham.	40 female adults.
	1, Leverton Road, Retford ...	Do. do.	4 male and 8 female adults.
	105, Stockwell Gate, Mansfield ...	Do. do.	6 male and 12 female adults.
	Greet House, Upton, Southwell...	Do. do.	3 male and 4 female adults.
Oxford	26, London Road, Chipping Norton	F. G. Scott, County Hall, Oxford	15 male and 25 female adults.
Rutland	The Ashes, Ashwell Road, Oakham	R. C. Dalton, Clerk's Office, Oakham.	13 adult females.
Shropshire	50, Shrewsbury Road, Church Stretton.	W. L. Edge, Shirehall, Shrewsbury	5 female adults.
	The Beeches, Iron Bridge, Madeley	C. J. Sargeant, Much Wenlock ...	10 male and 15 female adults.
Somerset (Bath C.B.)	Frome Road House, Odd Down, Bath.	W. M. Reece Lewis, Guildhall, Bath.	10 male adults.
Southampton	Alresford Institution, Tichborne Down, nr. Alresford.	A. J. Rogers, Magistrates' Clerk's Office, Southampton.	56 males.
	Cowderys Down House, Old Basing, Basingstoke.	Do. do.	30 adult females.
	Crondall Institution, Crondall, nr. Farnham, Surrey.	Do. do.	34 female adults.
	52, Wickham Road, Fareham ...	Do. do.	2 male adults.
	Barton House, Fordingbridge, Salisbury.	Do. do.	14 male adults.
(Portsmouth C.B.). ...	St. Mary's Hospital, Milton, Ports- mouth.	B. J. Tay, Guildhall, Portsmouth	29 male and 31 female adults.

Stafford	...	15, Trent Valley Road, Lichfield	A. H. Barnes, Birmingham Road, Lichfield.	2 female adults.
	...	Burton House, 10, Burton Road, Sedgley.	H. L. Underwood, M.A., LL.B., County Buildings, Stafford.	57 male and 65 female adults.
(Burton-on-Trent C.B.)		Belvedere House, 145, Belvedere Road, Burton-on-Trent.	H. W. Goodger, Stapenhill, Burton-on-Trent.	14 male and 10 female adults.
		Sandfield House, Wordsley, Stourbridge, Worcestershire, <i>with ancillary premises (annex):</i> Sandfield, Wordsley, Stourbridge. 31, Wigginton Road, Tamworth ...	H. L. Underwood, M.A., LL.B., County Buildings, Stafford.	186 male and 130 female adults, and 68 children, on the understanding that not more than 36 cases shall be received into "Sandfield."
			Do.	12 female adults.
(Wolverhampton C.B.)		New Cross Institution, 376, Wolverhampton Road, Heath Town, Wolverhampton.	H. M. Foster, Town Hall, Wolverhampton.	17 male and 14 female adults.
Suffolk (Ipswich C.B.)...		Heathfield, Woodbridge Road, Ipswich.	F. S. Ward, 32, Museum Street, Ipswich.	20 male and 25 female adults.
Surrey ...	...	Risbridge Institution, Kedington St. Anne's, Redhill ...	Do.	99 male and 102 female adults.
(Croydon C.B.)		Queen's Road Homes, Croydon ...	D. Aukland, County Hall, Kingston-on-Thames.	19 female adults.
Sussex (East) ...	...	West Hylands, Cuckfield ...	E. Taberner, Town Hall, Croydon.	7 juvenile males.
		Pouchlands House, South Common, Lewes.	H. J. T. McIlveen, County Hall, Lewes.	10 male and 20 female adults.
(Eastbourne C.B.) ...	...	St. Mary's Institution, 123, Church Street, Eastbourne.	Do.	58 male and 15 female adults.
(Hastings C.B.) ...	...	40, Frederick Road, Ore, Hastings	Do.	1 adult female.
Sussex (West)	...	78, Crawley Road, Horsham ...	F. G. Langham, Palace Chambers, White Rock, Hastings.	12 adults of each sex.
		Budgenor Lodge, Midhurst ...	J. E. Seager, County Hall, Chichester.	16 female adults.
		North View, East Preston, Littlehampton.	Do.	12 male adults.
			Do.	6 male and 15 female adults.

INSTITUTIONS APPROVED UNDER SECTION 37—*continued.*

Owning Local Authority. (C.B.=County Borough.)	Address of the Institution.	Clerk to Visitors.	Number and Class of Defectives.
Warwick (Birmingham C.B.).	Erdington House, 18, Union Road, Erdington, Birmingham.	C. E. Barker, Victoria Law Courts, Corporation Street, Birmingham.	50 adults of each sex, and 31 male and 30 female juveniles.
Warwick ...	1, Western Road, Birmingham ...	Do. do.	6 adult females suffering from venereal disease.
...	91, Union Road, Warwick ...	J. Tibbits, 36, High Street, Warwick.	4 male and 24 female adults.
...	Alcester ...	A. C. Burrows, 1, New Street, Warwick.	23 adult females.
Westmorland ...	Ackenthwaite End, Milnthorpe ...	H. B. Greenwood, M.A., LL.B., Exchange Chambers, Kendal.	26 adult males, 27 adult females, and 18 boys and 24 girls.
Wilts ...	7, Commercial Road, Devizes ...	A. Hodge, Midland Bank Chambers, Devizes.	32 juvenile males and 16 females who are employable younger adults.
...	Semington House, Semington, Trowbridge.	W. L. Bown, County Offices, Trowbridge.	22 male and 36 female adults.
Worcester ...	5, Avonside, Hampton, Evesham	C. H. Bird, Shirehall, Worcester	4 female adults.
(Worcester C.B.) ...	Municipal Homes, Tallow Hill, Worcester.	J. L. Wood, Guildhall, Worcester	30 male and 20 female adults.
Yorkshire: East Riding	19, Bridlington Road, Driffeld...	Sir Godfrey Macdonald, Bt., County Hall, Beverley.	21 male and 31 female adults.
(Kingston-upon-Hull C.B.)	188, Anlaby Road, Kingston-upon-Hull.	W. C. Bairstow, The Law Courts, Hull.	24 male adults.
(York C.B.) ...	75, Huntington Road, York ...	H. Venn Scott, Clifford Street, York.	10 male and 15 female adults and 20 juvenile males.

Yorkshire: North Riding	18, Dean Road, Scarborough ...	C. W. Goodall, 98, Tennyson Avenue, Scarborough.	38 male adults.
(Middlesbrough C.B.)	101, St. Barnabas Road, Linthorpe, Middlesbrough.	T. Belk, Municipal Buildings, Middlesbrough.	7 adult females.
Yorkshire: West Riding (Barnsley C.B.)	80, Gawber Road, Barnsley ...	W. H. Coles, Bank House, Burton Street, Wakefield.	10 adults of each sex.
(Doncaster C.B.) ...	Springwell House, Balby, Doncaster	M. Preece, Guildhall, Doncaster...	20 adults of each sex.
Yorkshire: West Riding (Halifax C.B.) ...	166, Gibbet Street, Halifax ...	W. H. Coles, Bank House, Burton Street, Wakefield.	6 male and 6 female adults.
	Dean House, Thongsbridge, Huddersfield.	Do. do.	10 male and 25 female adults.
	1, Reins Road, Giggleswick, Settle	Do. do.	53 males and 5 females, <i>i.e.</i> , 27 juvenile males to be accommodated in the Isolation Hospital and 26 male and 5 female adults in the Main Building.
(Sheffield C.B.) ...	Fir Vale House, Pitsmoor, Sheffield, 5.	F. B. Dingle, Court House, Sheffield	40 male and 75 female adults.
	The Beeches, Tadcaster ...	W. H. Coles, Bank House, Burton Street, Wakefield.	24 adult females.
	County Institution, Grenoside, Sheffield.	Do. do.	36 adult females.

CERTIFIED HOUSES.

COUNTY.	Name and Address of House.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
Lancashire ...	Cavendish House, Woodvale, Ainsdale, Southport.	Miss E. E. Hutsby ...	G. W. Swift, 74, Hanover Street, Liverpool.	42 female patients from 3 years of age.
Middlesex ...	St. Margaret's, 9, Priory Road, Bedford Park, London, W.4.	Miss Rose H. D. Whiting ...	C. W. Radcliffe, M.A., Guildhall, Westminster, S.W.1.	5 females. Imbeciles and feeble-minded.
	Larkfield Lodge, Hampton Hill.	Mrs. Adeline M. Campbell ...	Do. do.	14 juveniles : ambulant trainable cases.
	Normansfield, Teddington.	R. L. Langdon-Down, M.A., M.B., and Mrs. P. L. Langdon-Down.	Do. do.	150 males and females, not more than 100 of either sex at any one time.
Sussex, East (Brighton C.B.)	Villa Maria, 1, Manor Road, Kemp Town, Brighton.	Proprietors of St. George's Retreat, Burgess Hill.	A. G. Walker, Town Hall, Brighton.	12 females from 12 years of age and upwards.

APPROVED HOMES.

COUNTY.	Name and Address of Home.	Names of Managers or Owners.	Number and Class of Defectives.
Berks ...	St. Agnes, Grove Hill, Caversham, Reading.	Miss Sarah Dugdale ...	5 males and 3 females, juveniles under the age of 16 years who shall be suitable in all respects to live in association with each other.
Bucks ...	Southmoor House, Kingston Bagpuize, Abingdon.	Mrs. E. de Verrine Lawson ...	15 high-grade feeble-minded males over the age of 16 years.
Cheshire ...	Lynwood, Woburn Sands, near Bletchley.	Mr. and Mrs. C. D. F. G. Loveless ...	8 feeble-minded or high-grade imbecile adult males.
	Westfield, London Road, Poynton.	Miss E. C. and Miss M. F. Evatt ...	12: not more than 6 of each sex between the ages of 5 and 16 years suitable to live in a house where the sexes are associated.
Cornwall ...	The Elizabeth Barclay Home of Industry, Pound Lane, Bodmin.	The Committee ... Miss J. K. Cruddas, St. Anne's, Bodmin.	26 feeble-minded or high-grade imbecile adult females.
Devon ...	Raleigh House, Ottery St. Mary.	Miss L. Cottrell ...	4 male and 11 female juveniles suitable to live in association.
Dorset ...	Inglenook, Glenwood Road, West Moors, Wimborne.	Miss E. Coffin ...	6 feeble-minded female adults.
Essex ...	Gay Bowers, West Hanningfield, Chelmsford.	Mr. Percy and Mrs. Gertrude Chennells ...	7 imbecile and feeble-minded males over the age of 16 years.
Gloucester ...	Southend House School, Hatherley Brake, Cheltenham.	Miss Agnes King-Turner... ...	25 cases of either sex—each child in all respects suitable to be in a house where the sexes are associated.
Herts ...	Arniston School (Boxmoor House), Box Lane, Hemel Hempstead.	Miss J. M. and Miss M. D. Isbister ...	22 active trainable cases of either sex in all respects suitable to live in association.
	Jersey Farm, Sandridge, St. Albans.	H. Corner, M.D., and Miss H. M. Corner...	16 patients.
Kent ...	Upper Hollenden Farm (Princess Christian's Farm Colony), Hildenboro'.	National Association for the Feeble-minded, 72, Denison House, 296, Vauxhall Bridge Road, Westminster, S.W.1.	19 adult males of approximately the same mental grade.

APPROVED HOMES—*continued*.

COUNTY.	Name and Address of Home.	Names of Managers or Owners.	Number and Class of Defectives.
Kent— <i>continued</i> .	Grove House School, Pluckley.	Mr. and Mrs. H. T. Green	26 males between the ages of 7 and 16 years of approximately the same mental grade and suitable to live in association.
Lancashire	Larkfield Hall, Larkfield, Maidstone.	Miss B. Sargeant	6 male and 6 female children of approximately the same mental condition and suitable to live in association.
...	Priory Rest Home, Sandown Park, Wavertree, Liverpool.	Mrs. L. Radcliffe	24 juveniles: 4 cot and chair cases of either sex, 6 low-grade ambulant girls and 14 low-grade ambulant boys.
Merioneth	Bryn School, Hengwrt Uchaf, Dolgelly.	Miss C. E. Gibson	50 males under the age of 16 years.
Middlesex	Alexander House, 117, High Street, Uxbridge.	National Association for the Feeble-minded, 72, Denison House, 296, Vauxhall Bridge Road, Westminster, S.W.1.	24 females.
...	Conifers, Kingston Road, Hampton Wick.	Hon. Sec. :—Mrs. O. Western, 23, Langland Gardens, Hampstead, N.W.3.	3 males (children) and 22 females.
...	Trematon, Broom Road, Teddington.	R. L. Langdon-Down, M.A., M.B., and Mrs. P. L. Langdon-Down, Normansfield, Teddington.	26 adolescent and feeble-minded adult males.
...	St. Christopher's School, Amherst Road, West Ealing, W.	Do. do.	28 patients of either sex suitable to live in association.
Norfolk	Dyke House, Methwold, Brandon, Suffolk (P.O. address).	Miss M. C. B. Foster	8 males over 16 years of age.
...	Ingleside, Trimmingham	Mr. L. Porter-Morris and Mr. A. E. Norbert Bates	10 females suitable to live in association.
...	The Tower House, Downham Market.	Miss S. A. Huntly	15 imbecile children of either sex.
...	...	Miss E. M. Wall	...

Nottingham	...	Upton Hall, Upton, Newark	Mrs. L. Steer	...	...	...	32 medium to high grade males.
Salop	...	West of England School of Handicrafts (excluding Annexe), Burlton.	Mr. T. J. Parry	...	...	...	50 high to medium grade males, aged 16 years and upwards.
Surrey	...	Belmont Private Nursing School, Ravenscroft, Godstone Road, Warlingham.	J. P. Race, L.R.C.P., and D. E. Hearn, L.M.S.S.A.	...	...	...	37 children of either sex—16 cot and chair cases and 21 able-bodied low-grade cases.
		Crewes Place, Crewes Lane, Warlingham.	Miss F. M. Bowles Price, M.D., D.P.H.	...	...	...	5 male and 5 female children suitable to live in association.
		Donec, Grayshott, Hindhead	Miss R. L. Binney	...	...	...	9 children of either sex suitable to live in association.
		Lynton, Coombe Lane, Kingston Hill.	Miss M. I. Morrell	...	...	...	6 females between the ages of 14 and 18 years on admission and approximately of the same mental grade.
		Tilden Cottage, Grove Road, Hindhead.	Miss A. Willsher	...	...	...	8 adult males.
Sussex (East)	...	St. Paul's House, Upper Maze Hill, St. Leonards-on-Sea.	Miss A. Meiklejon	...	...	...	33 defectives, not more than 5 to be males under the age of 16 years.
		Dunclutha, St. Helen's Park, Hastings.	Miss Mole, Miss Bruce and Mr. R. L. Mole	...	...	...	40 feeble-minded males.
		Margaret Macdowall School, Inholmes Park Road, Burgess Hill.	Miss E. M. Shelton	...	...	...	16 imbecile and feeble-minded children.
		Roffey House, Church Road, Burgess Hill.	Miss O. B. Mathews	...	...	...	11 children of whom not more than 6 shall be boys and not more than 10 shall be girls.
Sussex (West)	...	Priory, Tortington, near Arundel.	Miss D. S. Ault	...	...	...	14 imbecile and feeble-minded children.
		Haute Terre, Lewes Road, Hayward's Heath.	Miss L. H. Smyth	...	...	...	10 feeble-minded children.
		Cedars, North Parade, Horsham.	Miss V. McVicar Moore	...	...	...	8 males aged 14 years and upwards.

APPROVED HOMES—continued.

COUNTY.	Name and Address of Home.	Name of Managers or Owners.	Number and Class of Defectives.
Warwick	... The Vineyard, Myton Crescent, Warwick, and The Vineyard, Finstall, Bromsgrove, Wores, and The Vineyard, Northfield, Birmingham.	Miss M. F. Bridie	22 boys between the ages of 6 and 16 years. 12 " " " 12 and 16 years. 2 girls " " 17 and 18 years.
Wilts	... Northdown School, 14, Church Street, Warminster.	Miss E. J. Webb	4 male and 7 female children under the age of 12 years suitable to associate in the day-room (no low-grade cases received).
Worcester	... Clent Grove (and St. Elizabeth's Cottage), Clent, Stourbridge.	Mr. M. H. Wilson	45 patients.

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